

Insert photograph of child

Post 16 Education, Health and Care Plan

Name of young person

.....

| | |
|--------------------------------|--|
| Date EHC plan agreed: | |
| Signature of plan coordinator: | |
| Plan review date: | |
| Plan Number | |



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Stockport **NHS**
NHS Foundation Trust

NHS
Stockport
Clinical Commissioning Group



| My Personal Details | |
|----------------------------|-------------------------------|
| Surname: | Name: |
| Home Address: | |
| Date of Birth: | Religion |
| Ethnicity: | Home Language: |
| UPN No: | NI No: |
| Telephone No. | Email Address: |
| Parent / Carer Information | |
| Surname: | Name: |
| Home Address: | |
| Tel No: | Relationship to young person: |
| Surname: | Name: |
| Home Address: | |
| Tel No: | Relationship to child: |
| GP Information | |
| Name of GP | |
| Address of GP: | |
| Tel No: | NHS No: |

People Involved in Preparing the Plan

| Name | Role / Service/Organisation | Type of report | Date of report | Appendix |
|------|-----------------------------|----------------|----------------|----------|
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Section A

This section sets out the views, interests and aspirations of the child/young person and his or her parent/carers. If this young person has an up to date one page profile, this can be inserted here or the information from this can be used to inform this section of the plan.

My Views, Interests, Hopes and Dreams

About Me:

What is Important to Me:

What I like to do

My Family

My plans, hopes and dreams for the future

This might include education, leisure, health, friendships, further education, and preparation for adulthood, university and employment. In here, you should also include ways in which you feel you could be supported to achieve your aspirations

For Employment

For Health

For Living Independently

For my Social Life

Things you need know about me

My Employment needs

I need help for....

Who helps me?

My Health needs

I need help for....

Who helps me?

My Independent Living Needs

I need help for....

Who helps me?

My Social Needs (Friends and relationships)

I need help for.....

Who helps me?

My Parents/carers views

*What is working well?
For Employment and independence
(Communication, learning, social,
emotional and/or physical)*

Does anything need to change?

*What is working well?
For Health
(Including diagnosis)*

Does anything need to change?

*What is working well
For independent living needs*

Does anything need to change?

*What is working well?
For social needs*

Does anything need to change?

Any other information the family would like to share?

My Parents/carers Aspirations for My Future

Outcomes

Employment

Health

Independent Living

Social (friends and relationships)

Any other information

| My Education so far | | | | | |
|--|--------------|-----------|---------------------------------------|--------------|--------------|
| Name and address of school and college | Date Started | Date left | Reason for leaving | % Attendance | No. of staff |
| | | | | | |
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| | | | | | |
| | | | | | |
| My current school or college | | | How do I get to school or college now | | |

| My Achievements |
|--|
| GCSE results or relevant accreditation |
| |
| Foundation or level ½ course |
| |
| Pre entry/entry levels/pivot levels |
| |

Section B

*In this section, the young person's special educational needs **must** be specified.*

| My Special Educational Needs | |
|--|--|
| Cognition and Learning | |
| Social, Emotional and Mental Health Difficulties | |
| Sensory/Physical | |
| Communication and Interaction | |
| Independence and Self help | |

Section C

This section sets out the health care needs that have been identified for the young person which are related to their SEN

My Health

Section D

This section sets out the social care needs that have been identified for the young person in relation into their SEN.

My Social Care

Section E: Outcomes

Set out here, a list of outcomes sought for the young person. The detail to achieve these outcomes will be outlined on the following tables in section F.

*As the young person is in year 9 or above, this section **must** include the provision required by the young person to assist in preparation for adulthood and independent living. For example support for finding employment, housing or participation in society. This must relate directly to the aspirations highlighted by the young person and the beginning of this plan.*

| Outcomes Sought | Timescales to Achieve |
|-----------------|-----------------------|
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Section F: Education Provision to Meet the Outcomes

Cognition and learning

| Outcomes to be achieved | | |
|--|--------------------------------------|---|
| | | |
| What support do I need to achieve my outcomes? | Who is going to provide the support? | How often is the support going to be provided and when will it be reviewed? |
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Social, Emotional and Mental Health Difficulties

| Outcomes to be achieved | | |
|--|--------------------------------------|---|
| | | |
| What support do I need to achieve my outcomes? | Who is going to provide the support? | How often is the support going to be provided and when will it be reviewed? |
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Communication and Interaction

| Outcomes to be achieved | | |
|--|--------------------------------------|---|
| | | |
| What support do I need to achieve my outcomes? | Who is going to provide the support? | How often is the support going to be provided and when will it be reviewed? |
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Sensory/Physical

| Outcomes to be achieved | | |
|--|--------------------------------------|---|
| | | |
| What support do I need to achieve my outcomes? | Who is going to provide the support? | How often is the support going to be provided and when will it be reviewed? |
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Independence and Self Help

| Outcomes to be achieved | | |
|--|--------------------------------------|---|
| What support do I need to achieve my outcomes? | Who is going to provide the support? | How often is the support going to be provided and when will it be reviewed? |
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Section G: Health Provision to Meet Identified Outcomes

This section sets out any health provision reasonably required by the learning difficulties or disabilities which would result in the child/young person having SEN.

*As the young person is in year 9 or above, this section **must** include the provision required by the young person to assist in preparation for adulthood and independent living. For example support for finding employment, housing or participation in society. These must directly relate to the young person's aspirations outlined in the plan*

| Outcomes to be achieved | | |
|---|--------------------------------------|---|
| | | |
| What health support do I need to achieve my outcomes? | Who is going to provide the support? | How often is the support going to be provided |
| | | |
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Section H: Social Care Provision

*This section sets out any social care provision reasonably required by the learning difficulties or disabilities which would result in the child/young person having SEN and/or any provision which **must** be made resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970.*

*As the young person is in year 9 or above, this section **must** include the provision required by the young person to assist in preparation for adulthood and independent living. For example support for finding employment, housing or participation in society. These must directly relate to the young person's aspirations laid out in this plan.*

This would also include any adult social care provision to be provided to meet the young person's eligible needs under the Care Act 2014.

| Outcomes to be achieved | | |
|--|--------------------------------------|---|
| What social care support do I need to achieve my outcomes? | Who is going to provide the support? | How often is the support going to be provided |
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Section I: Education Placement

The name and type of post 16 placement or other relevant placement should be named here. If there is no named provision for this plan, the type of school or other placement attended by the young person should be inserted here.

This section should be left blank on a draft plan, it should only be completed when finalising the plan.

| | |
|------------------------|--|
| Name of school/college | |
| Type of school/college | |

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|--------------------------------|
| Any other relevant information |
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Section J: Education, Health and Care Plan Resource Sheet

Where there is a personal budget allocated to resource some or all of the needs identified in this plan, the totals **must** be inserted below. The agreed and signed off support plan outlining the detailed spending plans of the personal budget **must** also be attached to this plan.

| Education | | | | | |
|--|--------------------------------------|--------------------------------|----------------|---------------------|-------------------|
| Arrangements, notional or direct payment | Outcomes needing additional resource | Education Support Arrangements | Funding Source | Proposed Allocation | Date of Agreement |
| | | | | | |
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| | | | | | |
| | | | Total | £ | |

| Health | | | | | |
|--|--------------------------------------|-----------------------------|----------------|---------------------|-------------------|
| Arrangements Notional or direct payments | Outcomes needing additional resource | Health Support Arrangements | Funding Source | Proposed Allocation | Date of Agreement |
| | | | | | |
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| | | | | | |
| | | | Total | £ | |

| Social Care | | | | | |
|---|---|------------------------------|-------------------|------------------------|----------------------|
| Arrangement Notional or direct payment | Outcomes needing additional resource | Care Support Arrangements | Funding Source | Proposed Allocation | Date of Agreement |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Total | £ | |

Insert Personal Budget/Direct Payment Support Plan Where Relevant

Section K: Advice and Information

*The advice and information gathered during the education, health and care needs assessment **must** be attached in appendices). There should be a list of advice and information.*

To be developed as Appendix A:

Review form, with front page for child and parent/carers re what has worked/not worked re the implementation of the plan.