

EHCP TRAINING DOCUMENT

Section A: Views, Interests and Aspirations

The Code of Practice sets out the following expectations for Section A.
Good EHC Plans:

- Should capture information succinctly
- May use a single page summary introducing the child or YP as an effective way to give an introduction to a child
- Include a brief history of the child or YP
- Have clearly marked sub sections making it easy to find the required information
- Must be clear about the child / YP's views and aspirations
- Must show that every effort has been made to enable the child or YP to express their aspirations whatever their age. One-page profiles can be a particularly useful tool
- Should enable parental aspirations and goals to include those which are longer term and go beyond provision
- May be written in the first person

Should also include details about:

- play
- health
- schools
- independence and friendships
- how to communicate with the child/young person
- further education and future plans including employment (if practical)

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Section A - Example 1

Section A: The views, interests and aspirations of the child and their parents, or of the young person

This section was put together by Bandele's parents to reflect her views

What others like and admire about me:
Being affectionate, cuddly, lovable and friendly. I have a sense of fun and can be cheeky.
People who are important or close to me:
Parents, younger brother and extended family.
Things that are important to me now:
My family. Having the ability to communicate my needs, emotions and views.
Things I like:
Swimming, music, playdough, gymnastics, iPad and interactive toys, eating Pizza and Shreddies.
Things I dislike:
Other people touching my absolute favourite toys. When a familiar journey has to change to a different route, birds, dogs, being cold, or wet.
A good day for me:
A good day would be a day where I have spent time doing extra-curricular activities that I love, like swimming. Music, children's gymnastics painting and playdough. I love sports and PE as well.
A bad day for me:
This starts with a lack of sleep which is often. I am then tired during the day and as a result cannot focus on any activity. I moan a lot and people around me wonder why, and because I cannot tell them I get more upset. I cry a lot when I can't communicate, I get frustrated.
Things that are going well for me:
I am able to eat independently, imitate and learn well. I now consistently refer to Mummy and Daddy. I can ask when I want something. I am learning to say "hello" and "bye" in context. I am beginning to dress myself and wash my hands after going to the toilet. My self-help is improving.
Things that are not going well for me:
Still not focusing, climbing on everything, irregular sleep patterns, chewing things, lack of understanding, still not being able to communicate effectively, singing out loud suddenly, saying random words, echoing what someone says, I can't write well, or read unfamiliar words. I'm not doing well in other subjects like history and art.
Things that I find difficult or need more help with:

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I don't understand the concept of next, or later, yesterday, tomorrow or today. I need help in focussing, dealing with my sensory needs, communicating with others, my understanding of language, sleeping well at night, eating a good balanced diet, making friends. I also need help with general literacy.

.How I communicate and express myself and my wishes:

I take an adult to indicate what I want, and usually communicate non-verbally. At home I do say "I want...", and can use other short phrases to ask for things.

How I make choices and decisions:

I only make choices on what is presented in front of me, or I choose the last thing that has been offered.

Significant events that have happened in my life:

The arrival of my baby brother.

My experiences and achievements:

I am able to learn quickly and can learn music. I can play a simple tune on the piano or xylophone. I can name a lot of objects and request for familiar things. I know my alphabet, and phonics, numbers shapes, and more. I am now able to interact better with my brother.

People who know me well

Bandeleg is a fantastic child but her behavioural and sensory issues often prevent her from showing her potential and experiencing what her peers would enjoy. (Mandy, her teacher)

What my family want for me

We want Bandele to be happy, independent and understand the outside world. Education is important, as is general health and well-being. Being able to have a good sleeping pattern.

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SECTION A – Example 2 Getting to know Anna

Hello! My name is Anna

My name is Anna and I am 4 years old.

I wear hearing aids to help me hear better but need help to put them back in when they come out.

I live at home with my daddy and little brother who is OK most of the time.

I like going to my grandmother's house. She gives me roast dinners and cuddles.

I don't like going to bed and I cry when I wake up and it's dark.

I have some friends of my own to play with. Sometimes they won't let me play with them. I don't have a best friend yet.

I am good at running games.

I sometimes get cross when you don't understand what I'm saying and you keep asking me. I get very cross - I sometimes hit somebody and then feel sad.

(Anna's mother helped her with this)
More about Anna – by her mother

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Anna's history

Anna's hearing difficulties were picked up at neo-natal screening, for which we are very grateful as, right from the start we got information and help about how to stimulate her.

What we want for Anna

Anna is a 'bright as a button' and has a very cheery disposition. Although she needs help with some areas which are related to communication, in all other respects she is like her peers. Social development is an area we are very aware of and we want Anna to grow up confident with a wide range of people she can be sociable with. In the long term we want Anna to be able to live an independent life and have the opportunities that all other children have. She is 'Anna' and we want to make sure she does not see her hearing difficulties as a barrier to doing anything she wants in life.

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SECTION A – Example 3 - Amir

My teachers helped me with the spelling and some words but this is ME!

What you need to know about me

I'm Amir and I'm now 17. When I was born my mum says that there were some problems and I didn't get enough oxygen. Because of that I find it harder to learn than lots of others my age but I am also good at some things they aren't so it works out even. As well as finding it harder to learn some things I have something called cerebral palsy which means that one side of my body doesn't work as well and I find it hard to do some physical things but it doesn't stop me doing loads of others.

Working towards independence

I think my mum used to think I will live with her for ever but I want to be able to have my own flat or room somewhere away from home. At school we have been looking at options for living independently and my mum is now happier with this. I do struggle with money sometime and I will probably need some help with this at least at first. Everyone says I am always clean and tidy they say I 'take pride in my appearance'. I like food so I have been keen to follow all the work in cookery lessons at school. I can use the bus by myself to get around two or three places but I'd like to get better at this then I can be trusted to go more places on my own

College and work

The thing I am best at is computer skills and I can beat everyone in school especially the teachers at most games. I'm also the one they shout for when the teachers can't get their computers to work. They call me Mr Fixit! I would like to have a job working with computers and I think I will have more chance if I go to college before looking for a job. I have a Saturday job with a company who do computer repairs and they think I will be able to do this after college.

My life outside school

I'm not a person who just sits on the computer. My mum complains she is a taxi firm but I think she likes it. I like watching football but I don't have anyone to go to Burton United with which upsets me sometimes. I could get the bus but mum worries about the crowds. I go to scouts with two of my friends who I've known since we were 5. Scouts are cool because we go camping and do loads of scary things. There's a trip abroad next year but I don't know if I can go because I would need more help than the others. At scouts we talk a lot about helping other people and I'd like to do that.

Being Healthy

I'm pretty good at looking after myself and I don't have any health problems but I do need to do special exercises sometimes.

My family's views

When Amir was born we were very worried about the quality of life he would have. We were determined that he shouldn't be restricted so we have pushed him to do as much as we can. We are very proud of him. I still worry a lot especially about some of the things he does and when he is out on his own but we want him to be able to have a job and an independent life and I don't think parents ever stop worrying. We would like him to go to college with his friends.



Mr
Fixit

I like everything about food and I watch Masterchef. I don't want to be a chef I just like thinking about the food and climbing mountains



My best friends are Tom Injit and Darren. We go to Rangers together

I can be very grumpy in the mornings!!

watch out
Please

In the classroom I like it when people give me time to think before answering a question. Don't rush me

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Section B: Special Educational Needs

- Each child or YP must be treated as an individual
- Plans should identify the range of needs a child or YP has with reference to their current levels of functioning and achievement
- All of the key needs should be clearly stated – they *could* be numbered or listed at the end of the description for greater clarity
- LAs can choose how they reflect the range of needs, standard sections can be used but care must be taken to ensure the template does not shape the need
- This section should have evidence of what the child or YP can do as a basis on which to build
- Each need must link to Provision (F) and be reflected in Outcomes (E)
- The section may also include needs that require health and social care provision – these are treated as special educational provision because they educate or train the child or YP (CoP 9.73 onwards)
- Ensure that in this section it is needs that are recorded as such and not as provision

- NOTE: Speech and language therapy can be regarded as either education or health care provision, or both – can therefore be included in an EHC plan as either educational or health provision. However, since communication is so fundamental in education, addressing speech and language impairment should normally be recorded as special educational provision unless there are exceptional reasons for not doing so

Section B – Examples

In each case, for section B only brief illustrative paragraphs have been included here as each child or YP requiring an EHC plan would have a range of needs described

- Ahmed (aged 7) can focus and maintain attention. However, he struggles to maintain this on his own and he is liable to make silly noises and move around a lot in class. This can be disruptive to his own learning and that of others.
- At age 4, Charlie's vocalisations fulfil his sensory needs, but have limited communicative intent. His main form of communication is through physical actions or becoming upset when he is unhappy about something. Charlie does not yet speak recognisable words.
- Andrew (aged 7) plays well on his own. However, he finds it extremely difficult to engage with other children or to make friends with his peers.
- Tom (aged 17) has a diagnosis of dyspraxia. This condition impacts on

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the development of his motor skills control and listening skills. Related to this, Tom has speech and language difficulties and severe difficulty with attention control and listening skills. Tom has weak short-term memory skills in both auditory and visual channels, and specific learning difficulties.

- Toby (age 4) has two particular conditions which impact on his learning. The first is a cerebral palsy which affects his right side. Although he can walk unaided with confidence he experiences difficulty when trying to move quickly. When in the classroom he can find it difficult to move round small places but copes well in an uncluttered environment. Toby has some fine motor difficulties as a result of the cerebral palsy and finds it difficult to control pencils.

Secondly, Toby has a diagnosis of autism. He displays a preference for routine and rigidity and this affects the range of activities that he will engage with and the way he understands and interprets the world around him. Toby has difficulty in communicating verbally with others which impacts on his social relationships with his peers

- Hugo (aged 19) responds well to familiar routine, which seems to give him reassurance around what is happening now and in the near future. However, he has considerable difficulty in dealing with change and this can lead to anxiety and behavioural changes. At times of change, he can engage in obsessive and repetitive behaviours.
- Mena, aged 7, finds learning across the curriculum very difficult. Her levels of basic literacy and numeracy development are at P7.
- Effie, aged 14, can concentrate for periods of up to 10 minutes. However her concentration and attention to activities fluctuates according to her mood, tiredness and her perception of the adults who are interacting with her and the demands that she perceives they are making. She can get very anxious and upset if she is required to do something, which is not of her choosing or she perceives to be too difficult or challenging to her.

Section C: Health Needs relating to SEN

- A direct contribution by health should be evident **or** it should be stated that there are no health needs
- Key needs should be identified rather than just a diagnosis of a condition
- Implications for the educational setting should be included
- Each need must link to provision G and should be reflected in Outcomes E
- The CCG can also specify non-SEN health care needs so that the EHC plan records the totality of the child or YPs health interventions
- Ensure that in this section it is needs that are recorded as such and not as provision

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Section C - Examples

Health needs related to SEN

- Jodi (4) has a hearing loss that is moderate in both ears at mid to low frequencies and profound in both ears at high frequencies. She wears post aural (behind the ears) hearing aids but her hearing levels are described as unstable.
- Melissa (aged 3) was born at 32 weeks and required intensive support for 4 weeks. As a result she continues to have breathing difficulties which present as similar to an asthma attack. Currently she can experience up to 2 attacks a month. She can access regular preschool activities but care and oversight will be needed whenever there is a physical element. It is important that Melissa is encouraged to move physically in order to build up lung capacity and 'normalise' life experience. During the winter months Melissa will be more vulnerable to infection.
- Demetri (aged 9) has a cerebral palsy which affects the right side of his body. As a result of this he has an unsteady gait but prefers to walk unaided for short distances. Demetri's right arm has limited movement. He can manage most self-care skills using his left hand supported by the right but he cannot manage buttons or tightly fitting garments. He has considerable difficulty in writing but he can write stories independently on the computer at home using one finger. Personal dignity is important to Demetri and he needs very little help with washing and toileting himself.
- George (aged 10) experiences seizures related to his epilepsy at least once a week. Whilst up to now it has been difficult to know when these are going to happen, some early warning signs are beginning to emerge, such as mild jerking of his legs, feelings of tingling or numbness, or headaches. Following a seizure he may appear confused and will need monitoring for at least 2 hours.
- Sian (14) is a wheelchair user who has complex (whole body) cerebral palsy. This has significant impact on her mobility, on her access to everyday practical skills, and also on the articulation and clarity of her speech. She is unable to stand independently and can only be understood by people who have had time to get to know her speech patterns. In association with her cerebral palsy Sian also has a visual field difficulty called homonymous hemianopia which means that the left side of her vision is severely reduced.

Health needs unrelated to SEN

- Rasul's (aged 2) family are having difficulty in establishing a sleeping pattern. It is rare for her to sleep for more than two hours in a row, and

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she naps frequently throughout the day.

- Anna (aged 4) has a severe peanut allergy which means she may have an adverse reaction if she comes into contact with peanuts or peanut traces.
- Peter (aged 15) has bilateral talipes (foot deformation) and has had a number of operations for this, including recent surgery in December 2015. Following surgeries Peter has shown some unwillingness to take part in any activities although he is physically able to do so. He is due for further surgery in 2 years time.

Section D: Social Care needs relating to SEN

- It should be clearly stated if there have been no social care needs identified
- Key social care needs identified through the EHC assessment process should be clearly set out
- Each need must link to provision (H1 or H2) and should be reflected in the outcomes E
- Ensure that in this section it is needs that are recorded as such and not as provision
- The LA may also choose to reflect non SEN social care needs

Section D - Examples

- As a result of Aspergers Syndrome, John (aged 9) finds it difficult to engage in social activities. This results in him being socially isolated outside the structure of the school day.
- Gabriel (aged 16) is at the early stages of developing adult independence skills. He currently has very little understanding of managing money, travelling independently or how to maintain personal safety.
- At age 14, Mary's challenging behaviour in the home can be difficult for her family to manage and she can have periods requiring both parents to contain her behaviour if she is not in a place where she feels safe.
- At age 6, Liam's behaviour at home arising from his learning difficulties and autism mean that there are times when his personal safety and that of his sibling can be at risk.
- Leah (aged 11) has extremely limited mobility, as described in the health needs. This means that she faces particular challenges in joining

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in with social activities of her choosing including family outings and holidays.

Section E: Outcomes

Feedback from practitioners has indicated that writing good outcomes remains the most challenging area for them. This section does not repeat all the advice in the CoP, (section 9.64- 9.69 is particularly helpful), instead it describes the measurable features of this section.

Features

The key features of this section, as outlined in the Code of Practice are that outcomes:

- Must be SMART: Specific, Measurable, Achievable, Realistic and Time limited.
- Must be a range of outcomes.
- Should be forward looking - usually be those expected by the end of a key stage or phase and
- Should include straightforward steps to their achievement.
- Ensure that in this section it is outcomes that are recorded as such and not as provision

It is also expected that monitoring and review arrangements are in this section.

Ultimately, it should be possible through the plan for each outcome to be seen to track to/ relate to Needs (B, C, D) and Provision (F, G, H1 or H2) – the Golden Thread.

Section E Examples

- By the end of KS4, Garth will be able to sit with an unfamiliar adult and take part in a simple conversation that helps him prepare for work based interviews
- By the time John leaves college, he will be able to assess accurately and respond to other people's emotions appropriately at least 75% of the time
- So that Michael shows good employability habits, his attendance in his final year at school will be at least 93%
- Jody (aged 4) will develop her communication skills so that, by the end of KS1, she can express her preferences when offered a choice between two activities.

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- Duncan (aged 7) will improve his concentration skills so that he works unsupported during formal learning times. By end of KS2 he will work independently for at least 50% of each lesson period.
- Amy (aged 9) is developing her alternative recording skills. By the end of KS2 she will be able independently use her ipad to produce and edit, short pieces of written work of up to 300 words.
- Martin (aged 12) will develop his personal independence skills so that, by the end of Y9, he is making his own way to school.
- Georgia (aged 14) will be able to reliably recognise key symbols and words that are part of her everyday environment in order to be able to move around her community safely by the end of KS4
- Brian (aged 8) will develop his numeracy skills. By the end of KS2 he will be able to :
 - carry out addition and subtraction of two digit numbers with 90% accuracy on a daily basis offer and give change for items up to £2;
 - tell the time on a 12 hour clock including quarter and half hours
- Sophie (aged 9) will have increased confidence with spoken language and, by the end of KS2 she will be able to greet different people appropriately for example family, friends and unfamiliar adults.
- Gemma (aged 14) will learn and develop a small range of coping skills to deal with situations she finds stressful so that she can extend her experience of being in community settings. By the end of KS3 Gemma will be able to enter an unfamiliar shop and buy a chosen item and walk to familiar shops for small errands on a daily basis.
- Jason (aged 10) will become self-managing in checking his blood sugar levels so that, by the end of yr 7, he can check his sugar levels each lunchtime using the equipment in the agreed room and advise the supervising adult of the result.
- Ahmed (aged 3) will be able to engage in a joint non chosen activity with another child and an adult on a daily basis by the time he is in reception. Initially he will engage in parallel, self-chosen play, building up an acceptance of directed activities with an adult and then to engagement in a shared activity.
- Rubio (aged 14), will be able to respond appropriately to the reasonable direction of adults within school, so that, by the end of this school year he is able to accept adult direction without arguing for a minimum of 75% of the school day.
- Chloe (aged 5) will develop her self-help skills so that, by the end of Yr 2 she can independently and with safety and dignity, use the toilet and

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wash her hands and change her clothes for PE with minimal adult intervention.

- Anwar (aged 18) will develop his independent living skills. By the time he leaves school, he will be able to manage money for his day to day needs (independent transport, buying lunch and treats) using the money he has been given by an adult.
- Simone (aged 14) will develop her social conversational skills so that she can confidently introduce herself to an unknown adult and answer standard questions. By the end of the year Simone will be able to extend the conversation by asking the adult appropriate questions about themselves.
- George (aged 13) will extend his use of his electric wheelchair and, by the end of KS3 he will be able to move freely around school unaided, except for opening non controlled doors.
- By the end of this school year, Mary(aged 6) will be able to work on a short given task for up to 5 minutes without adult intervention
- By the age of 11, Jodie will mix appropriately with other children by sharing equipment, taking turns, joining in with games and following the rules.
- By the age of 21 years, Hazilla will demonstrate that she has that the skills needed to live safely and healthily in independent accommodation.

Section F Provision

Provision must be:

- Specific – say exactly what it is
- Quantified – how much of it, who will deliver it
- Detailed – but not to classroom strategy level
- Given for each SEN (B)
- Linked to Outcomes (E)

It can be helpful to show outcomes and provision in one table but, if a table is used, it must be clearly labelled which is section E and which is section F

Where there is a personal budget, the expected outcomes which it contributes to should be shown in this section

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Section F - Examples

- Recognising Dmitri's (9) wish to be physically independent he will receive 'hover support' from the teaching assistant attached to his class to ensure he can move around as required. The school will provide a laptop with voice activated software to enable him to record his responses. Initially, for 4 consecutive weeks, he will be allocated 1:1 support during the mornings to help with any physical challenges and support his use of the laptop.
- An ELSA (Emotional Learning Support Assistant) will deliver support to assist Joe to enter group play during the less structured times of the day, such as lunchtimes and playtimes.
- A teacher assistant will deliver one session at least twice a week for up to 30 minutes focussing on developing Joe's social use of language. Sessions should initially be with an adult and one other child moving toward small group work depending on progress.
- Staff will deliver a learning programme to Justine (aged 12) – this will be for a minimum of 10 minutes, 3 times per week to work on handwriting skills.
- Yamir will have short and frequent touch typing sessions. A minimum of 3 x 10 minute sessions at school per week. This should extend to development of ICT short cut keys and ICT skills related to accessibility for visual impairment. The Rehabilitation Worker for Visually Impaired Children will support Yamir and school staff in use of software etc. School will deliver the sessions with monitoring by the Rehabilitation Worker for Visually Impaired Children.
- Lena (aged 6) will receive a minimum of 3 x 20 minute sessions per week to develop pre-braille and braille skills. This will be delivered by the Sensory Impairment Team and consolidated by school staff.
- The early years setting has a written action plan both to pre-empt and respond to any situation that might arise related to Anna's (4) nut allergy. 2 staff members have received training in the use of the EpiPen. An emergency management protocol is in place for Anna with fast track 999 procedures.
- Johan (Y2 CP) will receive 10 mins daily input from a teaching assistant to help him hold a pencil and write his name independently.
- A HLTA will spend 15 mins with Katya (Y4 PMLD) every morning to support her in choosing between 2 simple options presented through the 'Choices Card' system. The emphasis will be on ensuring that Katya understands the outcome of her choices.
- Craig (Y7 ASC) will spend the first 15 mins of every day with a teaching

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assistant who will ensure that he understands the implications of the day's timetable.

- Jayzee (Y3 SpLD) will join the Y3 teacher led 'Readers Get Going' group for 20 mins on Monday, Wednesday and Friday.
- Elaine (Y9 SpLD) will be provided with a laptop with voice activated software with a view to preparing her for Y11 GCSEs. She will use it in all lessons where her teachers have identified this will help her to record her work more effectively and in a timely way. The laptop will be available for use at school and home.

Section G: Health Provision

- Health provision should be:
 - ✓ Specific – say exactly what it is
 - ✓ Quantified – how much of it, who will deliver it
 - ✓ Detailed – but not to classroom strategy level
 - ✓ Given for each SEN (B)
 - ✓ Linked to Outcomes (E)
- Health provision should be as detailed as section F
- If needs are identified in section C, there should be provision linked in G
- Speech and language therapy is usually within F
- The LA and CCG may choose to include health provision not linked to a SEN for co-ordination purposes
- It should be clear how any provision secured through a health personal budget contributes to achieving the Outcomes (E)

Section G – Examples of Health Provision related to SEN

For ease of use these provisions relate to the needs described in Section C but are for illustrative purposes only and are not meant to imply that the provision described below would be that expected of the health provider

- Jodi's (4) hearing loss and her use of hearing aids will continue to be monitored with quarterly reviews by the audiology service until her hearing levels are stable. The frequency of reviews may then be reduced to once a year. Hearing aid review appointments will include:
 - hearing tests
 - tests of middle ear function
 - checks to ensure the hearing aids are fitted and working as well as

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they should be

- questionnaires and real ear measurements where the frequency response of the hearing aid is measured inside the ear whilst she is wearing them
- reprogramming or upgrading where necessary
- Melissa (3) has a health programme, designed by a physiotherapist to ensure she moves appropriately and builds lung capacity, particularly during physical activities. Having received training from the physiotherapist, a teaching assistant will support her in doing her exercises for 10 minutes every morning and 10 minutes every afternoon.
- During the first week of each school year, a physiotherapist will provide training to designated school staff to enable them to support Melissa's (3) plan.
- George's (10) seizure condition is monitored on an eight week basis by his consultant. The school nurse has already provided training for all school staff on managing seizure episodes. Further training and updated advice from the school nurse is available if and when required and she will run refresher training at the start of every term.
- Paul (8) has a physiotherapy programme devised by his therapist. This programme will be reviewed at the start of every half term by the therapist and school practitioners will work through the programme with the therapist present at the start of each programme review. The programme will be delivered across the school day in 3 x 15 minute sessions, as indicated in Section F. Paul will be invited to attend the school holiday therapy clubs at Hazeldown Clinic.
- The CAMHs team will continue to work with Sophie (15) to help her manage her emotional health. She will have 6 week blocks of therapy delivered by the team, separated by 2 week review periods. She has been invited to the support group for young adults (Hear4U).
- The occupational therapist will review Lucy's seating both at home and in her school once a month. This will also include a review of toileting equipment in school. S/he will also liaise with parents and the wheelchair service whenever adjustments are needed.

Section G1 – Health provision unrelated to SEN

- Rasul's (2) parents are being provided with Sleep Easy, a 6 week intervention provided by the health visitor. Rasul's paediatrician will review the success of this at his six month review along with his general health.
- The health visitor will provide training to staff in Anna's (4) new school

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during the first week of each new school year. An action plan for the prevention and treatment of an allergic reaction will also be drawn up by the health visitor and reviewed annually with staff and parents.

- Jordan (6) will have a feeding and sound development plan devised by his Speech and Language Therapist (SaLT) which she will review every 6 weeks. The SaLT will provide ongoing training to school staff on implementing the plan.
- Ratua's (14) weight will be monitored by the dietician on a three monthly basis. Advice will be provided from dietetics on an open access basis for family and school practitioners.

Section H: Social Care Provision H1 and H2

- H1 – Provision made for someone under 18 resulting from section 2 of the chronically sick and disabled Persons Act 1970
- H1 includes: practical assistance in the home; travel assistance; provision of meals; facilitating holidays; telephone or specialist equipment; non-residential short breaks
- H2 – must only include services not provided under the CS&DPA
- H2 services could include provision for over 18 year olds from adult social care
- Other social care provision not linked to SEN or disabilities could be included here where appropriate

Section H1: Examples

*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.*

- Mariam (aged 10) will have a place at the specialist holiday scheme during Easter, Christmas and summer holidays. She will be able to attend for 6 half day sessions of her parents choosing during each school holiday period. This is funded by the Children with Disabilities team and delivered through Holiday Fun.
- A Safe Space will be created for George (aged 7) within the family home. This will be provided from the Disabled Facilities Grants budget.
- Jenny (aged 16) will receive between one and two hours per day help at home from a personal assistant to support feeding and dressing/undressing.
- Gary's family will receive support through direct payments to offset the cost of an additional adult going on holiday with the family to ensure

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Gary's safety and access to family activities. This will be provided annually up to £800. (Gary is 13).

- A personal assistant will be provided to help Charlie (aged 12) to attend his local scout group for one three-hour session per week. A lift and walk in shower are being provided within the home as part of the Disabled Facilities Grants
- Imran (aged 9) will follow an individual activity scheme. This will cover activities outside the home, once a week on an individual basis for 2 hours and once a month in a group of three primary aged children with similar needs for 3 hours. These activities will be provided by the FOR Me team.

Section H2: Examples

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.

- Zoe (aged 7) will receive a child in need place at the After School Club at Goodridge Community school three days a week during term time as part of the Extend Programme.
- Joel (aged 18) will be provided with a self-contained bedroom with walk in shower and storage space for the equipment he needs on a daily basis. This will be in place from 1 December 2016, and will be commissioned by the Adults Independent Living Team.
- Two community activities per week with supported attendance will be provided for Daniel (aged 16). The Access for All team will work with him to identify the specific activities Daniel wants to take part in and will provide graduated support.
- William (aged 15) will have a block of 7 consecutive nights at Sunny Bank to allow his parents to have a short holiday. This will be provided once every six months.
- Ashraf (aged 17) will follow the 'My Support' programme, 2 days a week during term time to address independent living, travel and safe volunteering. This programme which is community based will link with his education programme provided by a college.
- Through her Child in Need plan, Janice (aged 8) will continue to attend weekly 'Talk About' club, including transport to and from the sessions provided by a club enable.