

Model Education, Health and Care Plan

'Daniel' – A young person with a hearing impairment, aged eighteen
March 2017 Edition

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1. Purpose of this document

The purpose of this document is to illustrate the **written** content of an Education, Health and Care (EHC) Plan for children and young people with a sensory impairment by following the requirements and the sections for a Plan as set out in the SEND Code of Practice, published in January 2015.

2. Intended audience

This document is for:

- a. those who are responsible for coordinating the assessment and drafting of an EHC Plan and/or the key worker and professionals contributing to the assessment and plan.
- b. parents who would like to know what kind of information should be included in an EHC Plan to ensure it accurately identifies their child's needs and sets out how they will be met.

3. Recommended action:

NatSIP recognises that local authorities will have their own format for their EHC Plans. NatSIP encourages local authorities to use the model Plans as:

- an aid to ensure any format they develop reflects the required content of EHC Plans.
- a check to ensure that Plans developed for individual children and young people with sensory impairment fully reflect the level of content suggested in the exemplars
- a way to ensure the EHC Plan is based on a thorough assessment of the child or young person as required by the SEND Code of Practice and as set out in Better assessments, better plans, better outcomes: a multi-disciplinary framework for the assessment of children and young people with sensory impairment, developed by NatSIP.¹

4. Background

NatSIP has been commissioned by the Department for Education to produce exemplar EHC Plans for children and young people with a sensory impairment. This model EHC Plan is based on the structure outlined in the SEND Code of Practice.² The boxed text in this model plan is taken from the guidance in the SEND Code of Practice regarding the required written content of each section of the Plan.

This model Plan is one of a series covering hearing impairment, vision impairment and multisensory impairment across different age groups. Other model Plans are available on the NatSIP website.

¹ Available online at <https://www.natsip.org.uk/index.php/send-reforms>

² See <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

5. EHC Plan Cover Sheet

Education, Health and Care (EHC) Plan

This is EHC Plan No. 1 for *Daniel Chadwick* (name of child)

Proposed Plan No 1 issued on:	
Date Plan 1 agreed:	
Date of review:	

Details of the child:

Name:	Daniel Chadwick
Gender:	Male
Date of birth	12 November XXXX
Home address:	
Educational setting currently attended (if applicable)	High Grange School, maintained mainstream school with a specialist hearing impairment unit

Child's Parents/Person Responsible

Name:	Mr Edward Chadwick Mrs Lisa Chadwick
Relationship to child:	Father and mother
Home address (if different to above):	
Telephone number:	
Home language	English

The following people have contributed to this plan:

Name:	Role/position
Lisa and Edward Chadwick	Parents
Stuart Daniel	Educational Psychologist
Maria Clayton	Teacher of the Deaf
Linda Harrison	SENCo
Sangita Pal	Senior Audiologist
Kazia Orłinska	Social Worker
Renate Meyer	Paediatrician
Pat Hawkins	Clinical Psychologist
Laura Eames	Speech and Language Therapist
Julia Johnson	Occupational Therapist

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7. Plan Section A. Views, interests and aspirations – Getting to know Daniel

There is no requirement in the SEND Code of Practice to produce a one-page summary. It may, however, be a useful way of presenting key information about the child/young person at a glance.

Photo of Daniel to go here

What people like about me and what I like about myself

I can be funny sometimes and a good listener. I don't say much, but no one seems to mind. I am joining in conversations more now and have more friends and don't feel as isolated as before.

What is important to me

My books and friendship
Doing well in exams
Singing

How best to support me

I'm fine for the moment and happy with the support I have at the moment. Support at High Grange is spot on most of the time. It helps that teachers understand about deafness and track back to check you understand.

Information provided by Daniel, March 20XX

The SEND Code of Practice states that, if written in the first person, the plan should make clear whether the child or young person is being quoted directly, or if the views of parents or professionals are being represented.

SEND Code of Practice states this section should also include details about play, health, schools, independence, friendships, further education and future plans including employment (if practical); how to communicate, child/young person's history.

Daniel's story to date

Daniel lives with his parents and two younger brothers. Daniel is helpful looking after his youngest brother, Marcus, and both brothers really look up to him. He is also close to his Uncle Tom and cousin, Matthew.

He was diagnosed with profound sensori-neural hearing loss in both ears when he was a few weeks old. He had his first cochlear implant at two years old and his second at twelve.

In 20XX he was diagnosed with Asperger's Syndrome.

Daniel says he likes to "watch TV, hang out with friends and have a laugh". He says he has made new friends whilst being at his current school and has a lot more friends. He likes having deaf friends. He has attended a music and drama club but is often too tired and has too much homework to do to attend. He is enjoying his lessons but not the homework.

In his free time Daniel likes playing the drums, writing and anything creative. He also likes eating and sleeping and staying in touch with his new friends on social media.

Daniel attended a mainstream primary school with a hearing impairment unit. He transferred to Kingsford School, a mainstream secondary school, in 20XX and left in year 11, having completed his GCSEs. He joined High Grange School in September 20XX. He has settled well into his new school but has had some ups and downs. He is studying Media Studies, Performing Arts and Psychology at ALevel.

How to communicate with Daniel

Daniel communicates through speech. He learnt British Sign Language (BSL) as a young child but barely uses it now and has forgotten most of it. He lip reads so will need to see the speaker's face and can only lip read one person at a time.

Daniel's concerns, aspirations, views and interests for the future

Daniel says he dislikes bullying and being discouraged. He says his music is going well but that things would be better without exams to worry about. The only thing he dislikes at High Grange is homework.

Daniel says that he would like to become a writer or musician, but he also wants to get a degree to earn some money and get a job. He is considering studying media studies or using his creative skills in some way. He thinks that being at High Grange will prepare him for life at university.

Daniel would like to:

- Remain at his current school until he has finished his A levels
- Continue his main passion of performing and gain suitable qualifications within this area
- Develop his independent learning skills and become more organised.
- Go to university.

Daniel's parents' views, concerns and aspirations

Mr. and Mrs. Chadwick would like Daniel to remain at High Grange until he has finished his A levels to ensure that not only his educational needs but also his emotional and mental health needs are met. This is their main concern at the moment. They hope that, as most, if not all, of his special educational needs arise from his deafness, they will see big improvements now that Daniel is in a setting where he feels that his deafness is understood and his needs are being met. They would like Daniel to complete appropriate courses to meet his interests and develop his independence skills so that he can attend university and complete a career of his choosing and above all be happy.

His parents report that Daniel is very keen to pursue a career in the performing arts, especially playing the drums. He also loves writing and his parents would be happy to see him follow a career in either of these areas. They would also like to see Daniel become more confident and have increased interaction with a whole range of people but especially those of his own age. They would like Daniel to become independent and achieve his career goals, be able to get his own place, have friends and a partner.

8. Plan Section B. Daniel's special educational needs

The assessments carried out and information gathered, provide the following more detailed information about Daniel's needs. *(Include how this compares with children of a similar age without sensory needs):*

Sensory and physical needs

Hearing

Daniel has a profound sensori-neural hearing loss in both ears which was diagnosed when he was a few weeks old. He learnt British Sign Language (BSL) as a young child, but has used it less and less since he received his cochlear implants. He has good access to sound across the frequency range but this does not mean that he has normal hearing. In addition to making good use of his implants, Daniel lip-reads. He finds it difficult to follow group conversations and struggles to understand speech if there is background noise.

The impact of Daniel's deafness on all areas of his development should not be under-estimated.

Communication and interaction

- Daniel was diagnosed with Asperger's Syndrome in 20XX.
- He has a mild-moderate speech and language delay arising from his deafness. Assessment by the specialist speech and language therapist in December 20XX indicated that his receptive language skills (understanding) were below average.
- He uses his listening skills effectively in learning situations and will identify if he has not heard in small group situations. However, in the classroom environment it is not always clear whether he has understood.
- He has difficulty following long or complex instructions owing to the language delay and difficulties with auditory memory (the ability to take in information that is presented orally, process the information, store it and recall it) which stem from his deafness.
- He communicates orally and his speech is clear and understandable. He also makes good use of text and social media for communicating with friends and family.

Social, emotional and mental health difficulties

Daniel has significant difficulties in this area arising from the combination of his deafness and Asperger's Syndrome.

- Daniel may appear to be a very confident young man, but this can mask an underlying lack of confidence. He does not like to get things wrong and sometimes pretends to understand when he does not. This can result in frustration, anxiety and a deterioration in his behaviour.
- Daniel has significant problems with low self-esteem and mood. He has difficulties regulating his emotions. He finds it difficult to talk to others about how he is feeling.
- With support he is able to build positive relationships with staff and peers. However, he is very young for his age and seems to be able to interact more appropriately with students who are a year or two younger. In his current school, his main friends are two Year 11 students from the hearing impaired unit. His relative immaturity can create difficulties for him with social interactions and establishing friendships with his own age group.
- He has a strong desire to be independent but his needs make him vulnerable in the community.

Cognition and learning

- Daniel gained the following grades at GCSE:
 - English language C
 - English literature B
 - Maths C
 - Biology C
 - Chemistry E
 - PE C
 - History D
 - French E
 - Drama B
 - Art C
- He has difficulties with working memory (the brain's system for temporarily storing and managing the information required to carry out complex cognitive tasks such as learning, reasoning and comprehension).
- He has difficulties with auditory memory (the ability to take in information that is presented orally, process the information, store it and recall it).
- He finds it very difficult to take notes when a teacher is giving an explanation.
- He has weak organisational skills which sometimes led to confrontation in his previous school when he failed to meet homework deadlines or bring the correct equipment/books to lessons.
- Daniel's performance in lessons can be significantly affected by the tiredness which results from having to concentrate so hard on listening and lip-reading. His parents report that he is exhausted by the time he gets home and this may be one of the reasons why he is not keen on homework.

9. Plan Section C. Daniel's health needs related and unrelated to SEN

The SEND Code of Practice states that an EHC Plan must specify any health needs identified through the EHC needs assessment which relate to the CYP's SEN.

The Clinical Commissioning Group (CCG) may also choose to specify other health care needs not related to the SEN.

Daniel has profound sensori-neural hearing loss in both ears. This has a significant impact on his access to the curriculum. He received his first cochlear implant at two years old and the second at twelve years old. Although he has good access to sound across the range of frequencies with his implants, this does not mean that he can hear normally. He will struggle to hear when there is background noise. When he removes the processors (the external part of the implants) at night, he remains profoundly deaf.

Daniel has significant mental health issues. It is felt that his disabilities are a significant contributory factor and he has been under the care of CAMHS since 20XX. In 20XX he transferred to adult mental health services. He continues to experience significant problems with low self-esteem and mood, and has difficulty regulating his emotions. He also has difficulties with social interactions and establishing and maintaining friendships.

10. Plan Section D. Daniel's social care needs related and unrelated to SEN

The SEND Code of Practice states that the EHC Plan must specify any social care needs identified through the EHC needs assessment which relate to the child's SEN or which require provision for a child or young person under 18 under section 2 of the Chronically Sick and Disabled Act (CDSPA) 1970. The local authority may also choose to specify other social care needs not linked to CYP's SEN or disability but must have the consent of the child and their parents.

A transitions assessment under the Care Act has recently been completed with Daniel prior to him becoming 18 in order to inform the care part of his EHC plan.

Daniel declined the offer of an advocate and was happy to have his parents support him to express his wishes and feelings.

The assessment also considered Daniel's parents, Mr and Mrs Chadwick, and their caring role within the assessment, but they declined the offer of a separate carers' assessment. The assessment was undertaken jointly with support from a specialist social worker within the sensory team.

As a result of his deafness and Asperger's Syndrome, Daniel has difficulties in the following area:

Developing socially and emotionally

Daniel is socially and emotionally vulnerable because of his disabilities. He has low self-esteem, but this can be masked by his apparent confidence at times. He is very sociable but finds it hard to regulate his emotions and is rather immature for his age. This has an impact on his ability to form and maintain friendships with people his own age.

Developing independence

Daniel is not fully independent in terms of travelling and living independently. Daniel has not yet experienced living alone.

Outcome of the assessment

Daniel has care and support needs which are eligible for support to be provided. Daniel has agreed that his social assessment be shared with the relevant people if he attends University/FE.

11. Plan Section E. Desired outcomes for Daniel

The SEND Code of Practice requires a range of outcomes over varying timescales covering education, health and care as appropriate plus steps towards achieving the outcomes (see table below for the steps). It advises against confusing outcomes with provision. It also requires the inclusion of forward plans for any change in a child or young person's life such as a change of school. For young people aged over 17, the EHC plan should identify clearly which outcomes are education and training outcomes.

The desired outcomes for Daniel are as follows:

- a. By the end of Key Stage 5 (Year 13/14), Daniel will be able to manage and take responsibility for his hearing impairment in order to make maximum use of hearing, maintain his independence and participate in school and community activities.
- b. By the end of Key Stage 5, Daniel's receptive language skills (understanding) will be within the average range or above.
- c. By the end of Key Stage 5, he will have learnt strategies for making and maintaining friendships with people of the same age.
- d. By the end of Key Stage 5, Daniel will have learnt strategies to help him regulate his emotions.
- e. By the end of Key Stage 5, Daniel will show a measurable increase in self-esteem.
- f. By the end of Key Stage 5, Daniel will achieve the A level grades he needs to access higher or further education.
- g. Daniel will feel well prepared for the transition to the next phase of his education by the time he leaves school.

Arrangements for reviewing and monitoring Daniel's progress

The school, in consultation with Daniel, his parents and appropriate professionals, will set individual targets based on the steps toward the outcomes within 4 weeks of the issue of the EHC plan. The targets will be shared with his parents. Daniel should be actively involved in setting the targets and monitoring his own progress towards them.

There must be close liaison between home, school and all professionals working with Daniel so as to ensure consistency of approach and appropriate information sharing.

The school must ensure that an annual review is undertaken within 12 months of the issue of the agreed plan and annually thereafter. Daniel, his parents and all professionals working with him should be invited and asked to contribute to the review.

The local authority will arrange for the annual monitoring of the plan.

Planning for Daniel's transfer to higher or further Education

Daniel is due to leave High Grange School in July 20XX and hopes to go to university after that. He is reluctant to explore other options such as a further education college, but has agreed to consider them.

The school's SENCO or other designated member of staff with responsibility for transitions will assist Daniel and his parents in considering the different courses an offer at a range of higher/further education institutions, so that by the end of December 20XX, an application can be made to the chosen university/FE college.

Once a university/college has been identified and a place offered, Daniel will need opportunities to visit the new university/college at least twice before the end of the summer term 20XX to meet staff (including disability services if attending university) and familiarise himself with the building and facilities.

12. Plan Section F. The special educational provision required by Daniel

The SEND Code of Practice states: provision MUST be detailed and specific and normally be quantified (e.g. in terms of the type, hours and frequency of support and level of expertise) including where this support is secured through a personal budget. Provision MUST be specified for every need specified in Section B. It should be clear how the provision will support the outcomes. There should be clarity as to how advice and information gathered has informed the provision. The plan should specify: any appropriate facilities and equipment, staffing arrangements and curriculum; any modifications to the application of the National Curriculum; any appropriate exclusions from the application of the National Curriculum, in detail, and the provision which it is proposed to substitute for any such exclusions in order to maintain a broad and balanced curriculum; where residential accommodation is appropriate; arrangements for setting shorter term targets and monitoring progress; where there is a personal budget, the details for this. Should also identify arrangements for the setting of shorter term targets by the educational setting. Note: where provision made by social care or health services educates or trains a young person (e.g. speech and language therapy), it must appear in this section.

The following table identifies the steps and the special educational provision required to meet Daniel's special educational needs set out in section B and to ensure the outcomes identified in Section E are achieved (see sections G, H1 and H2 for any required health and social care provision).

a.	Outcome: By the end of Key Stage 5 (Year 13/14), Daniel will be able to manage and take responsibility for his hearing impairment in order to make maximum use of hearing, maintain his independence, and participate in school and community activities.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
a1	Daniel will get into the habit of reporting any problems with his listening equipment to staff.	<ul style="list-style-type: none"> • Staff will support Daniel in managing his cochlear implants and will be able to trouble shoot if things go wrong with them. They will carry out daily checks on the equipment. Spare coils and leads to be available at all times. • All teaching staff will be proficient in the use of radio aids and have a sound understanding of the needs of implant users. • A listening environment which reduces the barriers of distance, background noise and reverberation in the classroom. • A Genie radio aid which Daniel will re-charge at home every evening. • Staff will monitor Daniel's use of his radio aid and make sure he has the correct equipment. • Daniel will be involved in discussions about the support he receives at least once per term. 	<p>School. Daily checks by suitably trained staff. Trouble-shooting as required.</p> <p>Teacher of the Deaf/SENCO</p>
a2	Daniel will make full use of his radio aid and maintain care of his cochlear implants in order to maximise his hearing.		
a3	Daniel will have a good understanding of his deafness and be able to explain this and the strategies which help him.		

b. By the end of Key Stage 5, Daniel's receptive language skills (understanding) will be within the average range or above.			
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
b1	Daniel will be able to understand instructions of increasing length and complexity.	<ul style="list-style-type: none"> • A programme of activities designed to improve auditory memory, drawn up by a specialist speech and language therapist. The programme will be implemented throughout the curriculum on a daily basis. Subject staff will have timetabled opportunities at least once per term to seek advice from the speech and language therapist as to how to incorporate these activities into their lessons. • Staff to check Daniel's understanding of instructions. • Recap of key verbal information at intervals to support his recall. • Direct 1:1 specialist speech and language therapy at least once per fortnight for 40 minutes to address subject specific vocabulary (as well as social and conversational skills – see outcome c). 	Specialist speech and language therapist; all teaching staff. All staff, throughout the curriculum. Specialist speech and language therapist
b2	Daniel's auditory memory will show measurable improvement.		

c.	By the end of Key Stage 5 he will have learnt strategies for making and maintaining friendships with people of the same age.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
c1	Daniel will develop an awareness of the behaviours which promote and impede good relationships with people of his age.	<ul style="list-style-type: none"> At least weekly sessions of 40 minutes with a specialist speech and language therapist, to address social and conversational skills as well as subject specific vocabulary (see outcome b). 	Specialist speech and language therapist
c2	Daniel will learn what appropriate and inappropriate topics for conversation are and recognise signals that someone wants to end a conversation.	<ul style="list-style-type: none"> Staff will encourage Daniel to use positive communication. 	School staff

d.	By the end of Key Stage 5, Daniel will have learnt strategies to help him regulate his emotions.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
d1	Daniel will learn to recognise situations which make him feel anxious, stressed or frustrated and develop strategies to avoid them where possible.	<ul style="list-style-type: none"> A positive behaviour management programme, drawn up by the Special Educational Needs Co-ordinator and implemented by all staff. 	SENCo All staff
d2	Daniel will feel able to talk to an appropriate adult about how he is feeling.	<ul style="list-style-type: none"> At least weekly opportunities for Daniel to express his thoughts and ideas with a trusted adult and to talk through what has gone well and not so well in the past and think about possible challenges in the week ahead. 	A trusted adult (to be chosen with Daniel). At least weekly.

e. By the end of Key Stage 5, Daniel will show a measurable increase in self-esteem.			
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
e1	Daniel will learn to recognise his own strengths and achievements.	<ul style="list-style-type: none"> • A key worker or mentor who takes responsibility for supporting Daniel and promoting his psychological well-being. • At least weekly opportunities for Daniel to express his thoughts and ideas with a trusted adult and to talk through what has gone well and not so well in the past and think about possible challenges in the week ahead. • All staff to provide specific praise and encouragement. • Ongoing opportunities to engage with deaf peers • An enrichment programme suited to Daniel's needs. • Strong pastoral support, with staff who understand Daniel's complex needs. • Close liaison between school and home. 	Key worker/mentor throughout the week when needed.
e2	Daniel will develop strategies to deal with things going wrong or not working out according to plan.		<p>A trusted adult (to be chosen with Daniel). At least weekly.</p> <p>All staff.</p> <p>School with support from the Teacher of the Deaf</p>

f.	By the end of Key Stage 5, Daniel will achieve the A level grades he needs to access higher or further education.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
f1	Daniel will develop a sound understanding of the curriculum content in his chosen subjects.	<p>Daniel requires a school which can provide:</p> <ul style="list-style-type: none"> • Tuition in his chosen subjects at A level • On-site specialist provision for students with a hearing impairment • Learning in small groups so that Daniel can be fully included in class discussions and his individual pace of learning can be accommodated • Teaching in all lessons by teachers and support staff who have a sound understanding of the needs of deaf young people and of the implications of his Asperger's syndrome when planning and delivering lessons. • Specialist note-taker to support Daniel in all lessons (20 hours per week) • Subtitles for all filmed material or transcripts prepared beforehand and given to Daniel in advance of the session. • Copies of any PowerPoint slides in advance of the session. • Lesson-planning which takes into account the fatigue Daniel experiences as a result of the effort needed to listen and lip-read. 	<p>School with support from the Teacher of the Deaf.</p> <p>School to appoint a note-taker, funded by the local authority (20 hours per week)</p> <p>Subject and support staff</p>

f.	By the end of Key Stage 5, Daniel will achieve the A level grades he needs to access higher or further education.		
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
f2	Daniel's organisational skills will improve to the point where he meets all work deadlines and comes appropriately equipped to lessons.	<ul style="list-style-type: none"> • Staff to prompt Daniel to start a task and ensure that he has understood the instructions. • Information to be presented in small, manageable stages. • A series of 5 one-hour sessions with a suitably qualified occupational therapist to include treatment, development of strategies and liaison with teaching staff. The occupational therapist will provide a set of activities to be implemented by teaching staff throughout the curriculum. Subject staff will have a timetabled opportunity at least once per term to discuss how to incorporate the strategies into their lesson planning and delivery. 	<p>All staff, throughout the curriculum</p> <p>Suitably qualified occupational therapist: 5 one-hour sessions.</p> <p>All staff, throughout the curriculum.</p>
f3	Daniel's working memory will show measurable improvement.		

g. Daniel will feel well prepared for the transition to the next phase of his education			
	Section E	Section F	
	Steps towards achieving outcomes	Special educational provision	Who will be responsible?
g1	Daniel will choose a course which is appropriate to his career aspirations, needs and abilities.	The school's SENCO or other designated member of staff with responsibility for FE/HE applications will assist Daniel in considering a range of courses at different institutions so that by the end of 2017 Daniel is ready to apply to his chosen institution. He will need to have a full understanding of the demands of the course. He will also need to know about the type and level of support he is likely to receive if he goes to university (as opposed to FE college, where his EHC plan will be maintained if still needed).	School's SENCO or other designated member of staff with responsibility for FE/HE applications, together with the Teacher of the Deaf. At least three 40-minute sessions with Daniel before October 2017.
g2	Daniel will be familiar with the new educational setting before leaving his current school.	The school's transitions co-ordinator will assist Daniel and his parents in liaising with, and arranging at least two visits to, his chosen institution once a place has been offered. If he attends university he will need information about Disabled Students' Allowance (DSA).	SENCO (or other designated member of staff – see above) together with parents.

13. Plan Section G. Health provision required by Daniel

SEND Code of Practice requirement: Provision should be detailed and specific and normally quantified including who will provide it. It must be clear how it will support the achievement of outcomes, including the health needs to be met and the outcomes to be achieved through provision secured through a personal (health) budget; clarity as to how advice and information gathered has informed the provision specified. Health provision may include specialist support and therapies, including medical treatments and delivery of medications, nursing support, specialist equipment and continence supplies. The local authority and CCG may also choose to specify other health care provision reasonably required by the child or young person which is not linked to their health or disabilities.

Hearing impairment

Outcome a

Daniel will continue to be reviewed annually by the audiologist at [Name of] Hospital or more frequently if clinically appropriate.

Mental health needs

Outcomes d and e

Daniel was under the care of CAMHS until he reached the age of 18. In 20XX, he transferred to adult mental health services.

14. Plan Section H1. Social care provision required under Section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970.

SEND Code of Practice requirements: Social care provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it (including where this is to be secured through a social care direct payment). It must specify all services assessed as being needed for a disabled child or young person under 18, under section 2 of the CSDPA. It may include services to be provided for the parent carers of disabled children, following an assessment of their needs under sections 17ZD-17ZF of the Children Act 1989. It should be clear how the provision will support the achievement of outcomes.

None required as Daniel is already 18.

15. Plan Section H2. Any other social care provision required by Daniel

SEND Code of Practice: Social care provision may include provision identified through early help, children in need assessments and safeguarding assessments or adult social care assessments, but MUST only include services not provided under section 2 of the CSDPA. Social care provision will include any adult social care provision to meet eligible needs for young people over 18 (set out in the adult care and support plan). When 18, care provision specified in the EHC Plan will be provided by adult services. Local authority may also choose to include other social care provision which is not linked to their learning difficulties or disabilities, such as child in need or child protection plans.

To support outcome h:

Daniel requires additional support to travel independently to unfamiliar places. He relies on his parents to support him to do this. Daniel will receive one to one support to help him develop the skills to travel independently. This will be done with Daniel outside and work with him on familiar routes and then unfamiliar routes. A plan will look at how Daniel can manage when transport arrangements change e.g. bus/train cancellations and how he can stay safe. Social care has sign-posted Daniel to a travel training programme which supports young people. They will provide short term work to be assessed which will enable Daniel to be independent. Frequency to be decided with Daniel and fitting in with his current school and leisure activities.

There will be a one off meeting with Daniel, parents, Teacher of the Deaf and SENCo to draw up a plan to promote independence skills. Daniel will take responsibility for plan and discuss targets with his key worker

Due to Daniel's deafness he requires additional assistive technology (community aids and adaptations) via visual alerting devices to ensure he can remain at home safely and independently. A portable pager system will be provided to promote his safety and security at home. This can be taken with him if he moves into student/other accommodation to support his independence.

Daniel's other needs identified in Section D are eligible for care and support but these needs are currently being managed and supported within existing services and support from parents whilst Daniel is living at home and therefore no additional social care services are assessed as needed. Social care will however review the support plan in place for Daniel in twelve months' time or sooner when Daniel moves into FE/HE, leaves school.

16. Plan Section I. Name and type of placement for Daniel

Daniel will attend the following type of educational setting:
[This information must only appear in the final plan]

High Grange School – a maintained mainstream secondary school with a specialist hearing impairment resource base.

17. Plan Section J. Personal budget arrangements for Daniel

If 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.

Purpose of Personal Budget:

Daniel does not want to access a personal budget for any of the provision outlined in this plan.

The table below is an example of a possible way of recording the details required if a personal budget is being accessed.

Outcome step	What is being funded?	Annual cost	Funding agency	Comments (Note if all or part required as a personal budget)

18. Plan Signatures

Signed: _____ (Lead Officer)	Date: _____
Signed: _____ (Parent/Carer)	Date: _____

19. Plan Section K. Advice and information received for Daniel’s assessment

SEND Code of Practice: The advice and information gathered during the EHC needs assessment MUST be attached (in appendices). There should be a list of this advice, who provided it and when it was provided.

Agency (If appropriate)	Role/Position	Written by	Date of report	Comments
	Parents	Mr & Mrs Chandwick		
	Child	Daniel Chandwick		
Education	Teacher of the Deaf	Maria Clayton		
Education	SENCo	Linda Harrison		
Education	Educational Psychologist	Stuart Daniel		
Social Care	Social Worker	Kazia Orlinska		
Health	Senior Audiologist	Sangita Patel		
Health	Specialist Speech and Language Therapist	Laura Eames		
Health	Paediatrician	Renate Meyer		
Health	Occupational Therapist	Julia Johnson		
Health	Clinical Psychologist	Pat Hawkins		

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