

Education, Health and Care Plans

examples of good practice from
year 9 and beyond



**A RESOURCE FOR ALL THOSE INVOLVED
IN THE PRODUCTION OF EHC PLANS**

ABOUT THIS DOCUMENT

Our previous 'Education, Health and Care (EHC) plans: examples of good practice' resource contains a wide range of tips and examples that are relevant across the age range for children and young people with EHC plans.

In response to feedback from the sector, we have developed this guide which seeks to build on the first resource with a particular focus on how plans should evolve for young people from year 9 reviews onwards, as their journey into adulthood builds momentum. We would recommend that you use this resource to complement the first guide.

The purpose of this document is to support the development of skills in writing good quality EHC plans that meet both the letter and the spirit of the Children and Families Act 2014.

Background

As with our first guide we requested that Independent Support (IS) agencies submit a range of anonymised young people's EHC plans for analysis. These formed the basis of the examples included here, supported by resources and learning examples from across the sector. Some examples have been edited to ensure they reflect good practice and are compliant with the law.

Preparing for adulthood

It is important to note that preparation for adulthood starts from the earliest years for all young people. Conversations about the future and dreams of becoming a police officer, ballerina, sports star or astronaut are common for all children. Their future should hold personalised opportunities for higher education and paid employment; developing independence; good health; and friendships, relationships and community participation.

For children and young people with an EHC plan preparing for adulthood must be a focus in reviews from year 9 at the latest. This means that EHC plans for young people over the age of 13/14 should:

- Include SMART outcomes related to the 4 themes highlighted above;
- Demonstrate consideration of the Care Act 2014 transition assessments by:
 - requesting a Child's Needs Assessment (CNA) where a young person is likely to need care and support post-18 and when it is of significant benefit to do so;
 - where a CNA identifies eligible needs, have a transition plan in place, aligned with the EHC plan and with shared outcomes;
- Prepare young people, along with their families, for taking decision-making responsibility in relation to their EHC plan;
- Consider how to develop and evidence decision making skills for young people approaching and over age 16 in line with the principles of the Mental Capacity Act 2005;
- Continue to be person-centred with the young person's views, wishes and feelings clearly evidenced throughout the plan;
- Continue to have a 'golden thread' that links aspirations, outcomes, needs and provision.

Using this document

This resource is designed to support practitioners who are writing EHC plans to consider how sections A-H of the plan can support effective planning and progress for young people as they move into adult life. The examples are provided for discussion and we are not advocating any particular approach to meeting needs. We were not party to the information and advice provided in support of the plans and are therefore making no judgement as to whether the provision is or is not appropriate for any individual child or young person.

We intend this document to provoke a debate about the key features of high quality EHC plans for young people moving into adulthood. We invite other organisations to identify good EHC plans that exemplify the best for young people with a range of different needs and for whom a wide range of outcomes are sought. In turn, we hope that this will build a body of evidence about what works.

Thanks

We would like to thank everyone who has commented on drafts during the development of this document. The final content of this document is entirely the responsibility of the Council for Disabled Children.

PART 1

In the first part of the resource each section considers a different area of life, based on the 4 preparing for adulthood themes, and highlights examples and suggestions for sections A-H based on information from:

- A review of 21 EHC plans that were submitted through the Independent Support programme;
- Feedback from the Department for Education;
- Discussion at the Special Educational Consortium post-16 group;
- Natspec - comments on EHC plans for new intake of students 16/17;
- Feedback from activities at recent FLARE group meetings;
- Feedback from the Preparing for Adulthood programme.

Employment and Higher Education

Young people say...

I want to work with cars or dogs, to work in a shop or to become an actor

I would like to work for a games company or work in an animation studio

I would like to get a job once I finish college, to earn some money

I want to pass my GCSEs, study in the sixth form and have a part-time job

Section B

Chris finds it difficult to think about the similarities and/or differences between tasks in different settings for example college and work placements.

Arran struggles to understand what a task might involve without experiencing it. This makes it difficult for him to understand what's available in the world of work.

Section C

Sofia has anxiety related to Autism Spectrum Disorder (ASD) which limits her ability to focus and to engage with her work experience opportunities.

Emelia uses a manual attendant-controlled wheelchair for mobility. She has reduced stamina for self-propelling in her wheelchair and is only able to manage short bursts in between being pushed. This means that she is currently unable to access a range of work environments.

Section D

As a result of **Benjamin's** health needs, there are issues for him in accessing local facilities and settings, both at home and outside. He is unable to do so independently and is reliant on others for help with his personal care at college.

David has a strong personality and can be very argumentative in class when staff and/or students do not agree with him. This has made it more challenging to identify suitable work experience placements for him.

Provide evidence of long term planning for employment. This should include skills development, vocational profiles, and support to identify opportunities such as work experience, supported internships, apprenticeships and volunteering.

Section E

By the end of the year **Alex** will be able to buy a bus ticket independently from her home to the local town where she would like to get a job and/or volunteer.

By the end of 6th form, **Muhammed** will have completed meaningful experience of work in 3 local businesses so that he has an understanding of the different types of job roles available in the local community.

Section F

Joe will have completed a supported internship by July 2018 supported by a weekly 1 hour session with his Job Coach to help with problem solving.

The school SENCO will engage with local employers to identify 2 more work experience opportunities for **Mel** to participate in by the end of the summer term.

The supported employment service will visit **Julian** for 2 x 1 hour sessions in the second half term to help him think about and identify employment options for when he leaves sixth form.

Section G

Susannah will have a 1 hour session with a clinical psychologist through CAMHS every half term to help her to manage her anxiety in college and to develop coping strategies for the future when she wants to attend University.



Section H1

Matt will attend a 2 week pre-employment training program delivered by the supported employment team in the second half term.

Section H2

George (aged 20) will use 2 hours per week with his personal assistant (PA) to volunteer at his local theatre on a Wednesday from 6pm - 8pm.

Independent Living

Young people say...

In the future I would like to have a girlfriend, live independently in my own home and have a dog

I want to be able to spend my own money

I make decisions for myself but like to discuss things with my parents first

Section B

Tom finds it difficult to learn and use new skills. He also finds it difficult to transfer skills he has already learned into new environments, such as from college to home.

Jemima enjoys living with her family but would like to live with friends when she starts university. She cannot travel independently or manage money at the moment.

Section C

Bradley struggles with all aspects of his personal care in college. He has significant difficulties with transfers in and out of his wheelchair and his standing frame.

Mia had large scale multi-limb surgery 3.5 years ago and has limited mobility. She is dependent on aids and physical assistance for transfers.

Section D

Jack is unable to carry out a range of daily living tasks such as cooking, cleaning and managing money. He finds this very frustrating and often becomes distressed when others try to help him.

Alfie has limited verbal communication and it can take a long time for him to express himself. This has limited his involvement in decisions related to his care and support at home and in the community, including those made on his behalf through the best interests process in the MCA 2005.



Section E

Elijah will manage his own personal care needs by age 21, using equipment where he needs it.

By age 18, **Jackson** will be able to prepare a simple breakfast (cereal or toast) on every college day morning.

By the end of the academic year, **Maya** will be able to look after her assistance dog Rusty, by feeding and walking him twice a day and brushing him once a week.

Section F

Jon will be supported by his LSA in college for 2 hours per day to be able to assist with his own personal care using the advice from the OT assessment in section G.

Ryan's LSA will work with him in college for 5 hours per week to develop problem solving skills and to practice transferring skills between different environments e.g. college and the community.

Section G

The Occupational Therapist will provide a programme to develop independence with daily living activities over the next 2 terms, adapting this to meet **Zoe's** needs. At the end of the second term the OT will review Zoe's progress.

Independence means different things to different people. Always consider how young people can be supported to be as independent as possible.

In line with section 19 of the CFA 2014 young people should be as involved as possible in the decision making process.

For young people over the age of 16 this will be subject to their capacity to do so under the Mental Capacity Act 2005

Section H1

Tamsin (aged 17) will have 2 sessions with her PA of 2 hours per session to explore and identify housing options at university next year and to enable her to make the relevant applications by the deadline.

Sarah will attend a Young Ambassador programme through the local Mencap which includes life skills and pre-employment training. She will have a PA to support her to attend the programme and to practice some of the skills she has learnt. She will receive 2 hours per week during term time and 6 hours per week non-term time.

Section H2

Paul (aged 19), will receive 10 hours per week plus 2 overnights per month through 'shared lives' to promote his independence skills such as independent travel, choosing and cooking a healthy meal and budgeting for the food shopping.

Good Health

Young people say...

The doctors said I would never be able to talk. I don't know who they were talking about because once I started talking I'm never going to stop

I want to understand my own health needs

I want to go swimming and play sport

I want my consultant to explain things to me not just my Mum

Section B

Rebecca has autism and is highly sensitive to sound and bright lights. She has limited understanding of her own needs and finds it difficult to identify and use appropriate coping strategies when she is in unpredictable situations.

Connor's vision and hearing impairment creates significant challenges in his learning. He has difficulties with comprehension and communication.

Ensure that all learning disabled young people over the age of 14 are having their annual health check with their GP.

Consider the best way of ensuring that the GP is informed of EHC plan reviews and is updated on any changes.

Section C

Lucas needs a manual attendant-controlled wheelchair to move around. He can self-propel for short periods of time and needs to be pushed at other times.

Joe has epilepsy and takes daily medication to control his seizures. He is unable to manage his medication for himself.

Will is a wheelchair user and cannot make transfers unaided, he can assist with transfers and has generally good control of his upper body and upper limbs.

Section D

Georgia's learning disability means she finds it difficult to undertake essential tasks such as carrying out personal care or preparing balanced meals without support. This means there are times when her health and safety are compromised.

Niamh's fine and gross motor skills are underdeveloped which makes eating and drinking difficult.

Section E

Kai will reach a healthy weight for his height (within healthy BMI range) by the age of 21 by following the diet plan in Section K.

Russell will take his medication himself at college by the end of the year.

Louisa will attend appointments with her adult consultant without support from her parents by the end of the year.

Adrian will train with the local wheelchair basketball team and try out for the team by the end of the year.

Section F

Over the next 6 months **Grace** will be supported to use the school gym once a week with her friends from school as part of her school PE timetable on a Wednesday.

Harini's LSA will support her to use her hip stander at least once a day at college and she will stand for a minimum of 10 minutes at a time, using guidance from her occupational therapist in section K.



Section G

Once a week, **Adam** will take part in group circuit classes at the local leisure centre, doing exercises that focus on improving balance, coordination and core stability to maintain and improve overall health

At **Olivia's** Learning Disability Annual Health Check with her GP, a health action plan will be developed which sets out her health needs, what will happen about them, what she can do to self-manage them and who will help. This plan will be shared with the college and youth club and reviewed at the next Annual Health Check.

Section H1

Emily's PA will support her for 2 hours per week to go to the gym or swimming.

Thomas's PA will help him for 2 hours per month to coordinate and manage his health care appointments.

Section H2

Joanna will spend 2 weeks at Summer Vale residential camp during the summer holidays where she will work with her PA to improve her fitness and learn laughter yoga.

Where a child is in receipt of Children and Young People's Continuing Care, or may be eligible for Adult Continuing Healthcare, their transition should follow the National Framework recommendation to assess a young person against the adult screening tool from 16. This should be clearly aligned with the EHC plan.

Friends, Relationships and Community Inclusion

Young people say...

It's important to be with my friends

It's important for me to communicate. I speak to people, I chat with my gaming friends on-line and I send text messages

I like being with people my own age

I'd like to have a social life out of school and support with my life at home

Section B

Rachel finds it difficult to communicate verbally and it can be difficult to understand what she is saying unless you know her well. This means it can be difficult to make friends and to make herself understood both at college and in the community.

Kirsty is 14 and finds it easier to talk to adults but is quite nervous of young people her own age. She would like to have more friends of her own age.

Andrew can sometimes say hurtful and inappropriate things without realising that he is upsetting or offending people. He takes things very literally and often misinterprets situations and language.

Section C

Dennis has complex (whole body) cerebral palsy and uses a wheelchair. This makes it difficult for him to use public transport and community facilities. He needs help with all his personal care tasks at all times.

Andrea experiences seizures related to epilepsy at least twice per week which makes it difficult for her to use community facilities without support. Following a seizure she may continue to experience headaches and may appear

Section D

Louise has experienced bullying since starting college and is very isolated and withdrawn. She lacks confidence and is resistant to trying anything new.

Nathan has limited understanding of risk and is particularly vulnerable in the community due to his tendency to be too trusting and compliant with strangers.

Section E

Peter will have 2 new college friends by the end of the year.

By the end of the second term **Amber** will take part in ballroom dancing lessons once a month outside of college with her friend Peter.

John will attend a music festival with at least 1 friend during the summer holidays.

Katy will go on a weekend away with her 2 close friends on the Easter bank holiday weekend.

Section F

Amy will receive a 30 minute session twice per week focussed on developing social language to help her communicate better with her friends. The sessions will be delivered by a trained teacher with support from Amy's Speech and Language Therapist (SLT). Amy's SLT will review progress on a termly basis.

Mike will be supported by his LSA for 1 hour per week to plan curriculum related activities that will increase his confidence, independence and his ability to engage fully in his classes.

Section G

The community nurse will provide appropriate continence products for **Fred**. This will allow him to feel confident and be independent when seeing friends in college and the community.

For many young people this will be one of the aspirations they value most.

It is important to consider how they are supported to develop and maintain healthy friendships and relationships across a range of settings.

Young people should be encouraged to participate in age appropriate activities that build on their strengths and interests.

Section H1

Ryan will have a PA to support him to access facilities at the local leisure centre with 2 of his friends for 2 hours per week.

Section H2

Melissa (aged 20) will have overnight stays at Treebourne Road for one weekend (2 nights) each month. Her stays will be organised to ensure she is with the same small group of young people to support them all to build and maintain friendships and to see each other outside of Treebourne.



EDUCATION, HEALTH AND CARE PLAN

NAME: JAY WELLSLEY

AGE: 17

ABOUT JAY'S EDUCATION, HEALTH AND CARE PLAN

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

This example seeks to demonstrate how a young person's plan might evolve over time. In Jay's plan in the previous resource Jay was aged 13. In the following two examples we follow Jay's experiences and support at 17 and 19 with particular consideration for his preparation for adulthood.

Every plan should be developed with the participation of the young person themselves, and is only a good plan if it reflects that individual young person.

This document has been included to provide an example of a well-structured plan. This document **is not seeking to advocate a particular approach to meeting particular needs**.

It cannot and does not provide legal advice or guidance in relation to any individual case.

Section A

The views, wishes and aspirations of Jay.

My name is Jay Wellsely and I am 17 years old. I have autism which makes it hard for me to try new things and meet new people. I try hard not to let people know about my autism and anxiety and prefer not to talk about it to strangers because since I've started at college some people make fun of me. I really hate feeling anxious and want to try to learn more about how to avoid situations that make me feel that way.

My dog, Dizzi, is still one of my best friends and I prefer it when we're on our own together. If I'm meeting someone new I like to have him in the room with me or somewhere nearby. I have a video of him on my phone that I can watch sometimes at college if I'm feeling stressed. He's getting old now so he doesn't like running as much any more.

I used to walk Dizzi all the time but I started finding it really hard to do it at the beginning of last year. It was making me really tired and I always ached a lot afterwards. It made it hard to go into college because it hurt to walk and when I sit down for too long. Then I fell over one day when I was walking him in the park and I dislocated my ankle, after that I had some tests and the doctor found out I had Ehlers Danlos Syndrome.

I really like history and politics and would like to try to do some volunteering at the museum in town but I don't like catching the bus there on my own in case there are roadworks like last time. I tried the debating club before I left school but I wasn't very good at it and it made me feel really worried so I think that politics will stay as my hobby. I still want to go to university and study history but I need to work really hard to get my A-levels first and I don't always understand what I need to do the first time someone tells me. College wanted to get someone to sit with me in lessons to help me understand but I would really hate that as everyone will know I need help.

I started off doing 3 A-levels in History, Drama, and Computer science but I couldn't manage all of the coursework and it was making me feel really ill so we spoke to the college and they suggested that I focus on 2 subjects this year and then review a third one in the future so I can get all the qualifications I need to go to university.

I started a band with my friend from college. I play piano and he plays the guitar. We really want to play some gigs and earn some money. It would be good if we could live together so we could practice more but Dizzi would have to live with us too. I like playing music because it can help me to let people know how I'm feeling which is easier than trying to explain it to people.

College is quite hard because there are a lot of people I don't know and sometimes the class rooms have to change at the last minute. Instead of having my own desk where I keep all my things I have to use a locker. People sit wherever they want which means sometimes other people sit in the place that I want to. It's really hard to explain why I need to be there and it often turns into an argument.

My aspirations:

- I want to go to university;
- I want to earn money, maybe from my band;
- I want to live with a friend.

Parents aspirations for Jay:

- To continue to maintain his friendship and to make some more friends;
- To fulfil his own dreams;
- To be proud of his achievements.

Section B

Jay's special educational needs

Jay started the year studying 3 A-levels in History, Drama and Computer science. He has now deferred his Computer Science course to start next year as he was struggling to cope with the workload and this had led to his attendance decreasing from 85% to 70%.

1 Jay has autism spectrum disorder and acute anxiety which greatly affects his ability to learn. He has struggled to adjust to the more informal schedule at college and when his timetable or routine changes (such as room reallocation or not having a fixed seat in class) he reacts strongly. This will normally take the form of banging on his desk and destruction of property in the class room. Occasionally, this has extended to aggression towards others (for example where another young person has sat in 'his seat'). This is very upsetting for Jay and for other young people in the class. Jay has said that he wants to go to university and will need support to develop his ability to cope. Jay's educational progress is impeded by his anxiety and he has had to defer one of his A-level subjects this year which will delay him achieving the requirements to attend university.

2 Since starting college Jay has found it more difficult to maintain his focus on the task at hand. He has an excellent memory but is unable to prioritise the information he shares in response to specific questions and will often just repeat everything he knows on a topic. This is also makes it difficult for him to articulate his strengths and interests in relation to employment and volunteering. He requires support in order to understand what is required of him in the more complex tasks and long-term projects he needs to complete for his A-level courses.

3 Jay associates the college environment with learning and finds it very difficult to transfer skills from college to home. As a result, he requires significant 1:1 support to engage with homework tasks and coursework which means they often take much longer to complete. He is aware that others on his course are ahead of him in these tasks and this can exacerbate his anxiety.

4 Just after Jay's 16th Birthday he was diagnosed with Hypermobility Ehlers Danlos Syndrome (hEDS). He struggles to engage in physical activity and this has deteriorated over the last 12 months. His ability will fluctuate depending on a number of factors and on a bad day he could struggle to walk between his classes in a timely way. He often experiences pain in his hips and back as a result of sitting for more than 20 minutes at a time which affects his ability to focus in class.

5 Jay has one main friend in college and has engaged well with the drama group. He chats easily with others, but his love of drama means that he can often apply unnecessary theatrics to his day to day interactions which can be off putting. He prefers to engage with peers via email or social media however is very vulnerable to manipulation and cyber bullying. He has recently been giving another student his lunch every day in return for their 'friendship'. Jay has great difficulties recognising how other people are feeling, he interprets things literally and is very uncomfortable working in groups. This limits his opportunities both socially and academically.

6 Jay wants to live independently at university but has significant challenges related to daily tasks which make him very anxious. He finds travelling on public transport extremely stressful and needs support to increase his confidence and develop ways to cope when things go wrong.

Section C

Jay's health needs

1 Jay has a diagnosis of autism spectrum disorder, and a related anxiety disorder. Jay experiences persistent and severe levels of anxiety. He has particular difficulty managing daily tasks and experiences distress related to these tasks.

2 Jay often experiences acute anxiety attacks. These can prevent Jay from attending college or undertaking activities outside the home as a result. There are often physical symptoms related to his anxiety, such as severe headaches and nausea which also affect his concentration.

3 Just after Jay's 16th Birthday he was diagnosed with Hypermobile Ehlers Danlos Syndrome (hEDS). He struggles to engage in physical activity and this has deteriorated over the last 12 months. His ability will fluctuate depending on a number of factors such as: how much sleep he has had; whether he has engaged in physical activity the previous day; whether he has taken pain medication. On a bad day he could struggle to walk between his classes in a timely way. He often experiences pain in his hips and back as a result of sitting for more than 20 minutes at a time which affects his ability to focus in class.

Section D

Jay's social care needs

1 Jay has experienced bullying at college as a result of his behaviour which has involved banging on his desk and destruction of property in the class room, and occasionally extended to aggression towards others (for example where another young person has sat in 'his seat'). As a result he has become more withdrawn and finds it difficult to initiate conversations with new people.

2 Jay finds travelling on public transport very challenging and therefore often chooses to travel at less busy times avoiding the typical school/college travel times. This has an impact on the times he is able to attend classes. He finds it difficult to manage change to routes or timetables which has on one occasion caused him to become aggressive towards a bus driver and other members of the public.

3 During the summer holidays from college, Jay's parents need additional support. The drama group Jay is engaged with at college runs during term time only and his anxiety means that he finds it very stressful to engage with an unfamiliar group over the summer. Without the relative structure of the college day, Jay's behaviour can become more difficult and he monopolises his mother's time. This makes it difficult for her to provide care for Jay's younger siblings and cause great stress within the family.

Section E

The outcomes sought for Jay

By the end of the year:

- Jay will be supported to identify and apply for a volunteering position or weekend job in line with his skills and interests
- Jay will complete his 2 A-level courses and be prepared for completing his 3rd A-level
- Jay will be able to travel to college independently using public transport and know what to do should something go wrong
- Jay will be able to use a range of techniques to manage his anxiety and to prevent aggressive outbursts towards his peers and members of the public
- Jay will complete at least 75% of his coursework on time
- Jay will perform with his band at the college talent show
- Jay will be able to choose a healthy meal and cook it using written instructions
- Jay will develop and maintain two friendships across settings (e.g. volunteering and college/band and drama) and will report greater confidence in initiating conversations

Section F

The special educational provision required by Jay

1 The college Counsellor will work with Jay for 1 x 1 hour session per week to develop strategies for coping in college starting in the first half term.

2 A college careers adviser with a specialist qualification in SEND will provide 4 x 1 hour sessions during the 2nd half term focussed on: skills and interests; identifying opportunities; CV writing and applications; interview techniques.

3 A specialist tutor will support Jay for 2 hours each time a new piece of coursework is set to break down tasks into smaller targets and communicate this to Jay in a 1 hour meeting and via email.

The specialist tutor will also work with Jay for 1 hour per day to support him to organise and prioritise his workload and to engage him in structured learning outside of his formal classes to ensure that coursework deadlines are met.

4 Jay's Learning Support Assistant (LSA) will encourage Jay to follow his physiotherapy plan (as set out in section K) for 30 minutes per day at college to improve his strength, muscle tone and joint stability and to manage his pain.

5 Jay will be encouraged to access ongoing peer to peer support from the college 'buddy' service (usually aimed at new starters) on a weekly basis starting in the first half term.

Jay will be supported by his LSA to attend the college cooking club on a Monday lunch time every week from the beginning of the college year, where they prepare lunch and eat together as a group.

6 Jay will attend a college accredited travel training course for 2 weeks in the first half term.

Section G

The health provision required by Jay

The Child and Adolescent Mental Health Service (CAMHS) will provide Jay with a 10-week block of 2 hours per week cognitive behavioural therapy, from the 8th January - 19th March 2018, delivered by a psychologist. The programme will specifically focus on finding strategies for coping with situations that make Jay anxious.

CAMHS will provide a therapist who will:

- meet termly with the counsellor at Jay's college in order to provide advice on the strategies for supporting Jay to cope and to manage his anxiety in college.
- meet with Jay, his family and his PA once, at the end of the 10 week programme to review Jay's progress and provide advice on the strategies for supporting Jay to manage his anxieties outside of college.

Jay's physiotherapist will develop an exercise plan to improve Jay's strength, muscle tone and joint stability and to improve his pain management. The physiotherapist will meet with Jay's LSA and train Jay in a 2 hour session at the beginning of the first term. Progress will be reviewed on a termly basis.

Section H1

The social care provision that must be made for Jay

Jay will have a personal assistant (PA) for 4 hours per week outside of college to help him to attend community-based opportunities such as volunteering, drama group and band practice as follows:

- 2 hours per weekend;
- 2 hours after college to attend weekly band practice;
- During these sessions the PA will implement strategies identified through Jay's work with CAMHS, independent travel training and social skills.

Section H2

Any other social care provision required by Jay

A review of his transition plan (Care Act 2014) has been requested to reflect the fact that his A-level deferral is likely to delay his engagement with university.

EDUCATION, HEALTH AND CARE PLAN

NAME: JAY WELLSLEY

AGE: 19

ABOUT JAY'S EDUCATION, HEALTH AND CARE PLAN

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Section A

In line with the principles of the Mental Capacity Act 2005 Jay is assumed to have capacity to make decisions in relation to his EHC plan.

Jay has decided that he would like his parents to continue to be involved in meetings and planning with him however, he would like section A of his plan to share his views only.

The views, wishes and aspirations of Jay.

My name is Jay Wellsely and I am 19 years old. I have autism which makes it hard for me to try new things and meet new people. I also have hypermobile EDS which means that my joints aren't strong and I get a lot of pain because sometimes they dislocate and just go back but it just really hurts and I feel tired all the time.

This year things have been extra hard because my dog, Dizzi, died of old age. I find it really hard to do any of the things I used to do with Dizzi without feeling really upset and worried. I never want to go to the park where I used to take him for a walk. The only thing that makes me feel any better is when I am playing music with my band.

I have to do a lot of physio to help with my back and hips hurting because of my EDS but I hate doing it at home without Dizzi and have not been to college as much since he died.

When I'm at college I find it really hard to concentrate because I'm sad and miss my dog and my pain is getting worse so I have to take more medicine and sometimes I have to use a wheelchair to get to my classes. I don't like the using the wheelchair because I feel like everyone stars at me so I try not to but sometimes that means I hurt much more the next day. I hate being at home alone because Dizzi would always have been with me and I thought he would be able to come to university with me but now he's gone I don't know how I'll manage there.

My panic attacks have got worse and now I have them all the time and I really hate it because I feel out of control and I can't stop it even though I don't want people to know. When it happens in public it makes me not want to go out anymore.

When Dizzi died I couldn't even face going out of my bedroom but my friend Mike who's in my band came over and he brought his guitar with him so that we could play some music that would help me feel better. I didn't want to go back to college but then Laura my 'buddy' helped me by bringing some of my coursework over and reminding me how much I like History, I still really want to go to university but I'm worried it will be too scary without Dizzi. I quite liked being friends with a girl and think it might be nice to have a girlfriend (but not Laura)!

I'm really glad that I have my volunteering, they gave me two weekends off when he first died but now I'm back going every 2 weeks and I'm learning all about how to use the till. I also show people where things are when they have questions. I work in the shop with Beverley and Jim who work there all week as well. Danny is another volunteer who trained me when I started and he plays the drums so now he's joining our band.

My aspirations:

- I want to go to university;
- I want to keep playing in my band;
- I want to have a girlfriend.

Parents aspirations for Jay:

- To continue to maintain his friendship and to make some more friends;
- To fulfil his own dreams;
- To be in less pain.

Section B

Jay's special educational needs

Jay completed his drama A-level and an AS level in History. He has also completed the first year of a Computer Science A-level. He is currently studying to attain an A-Level in History and completing the second year of his Computer Science A-level.

1 Jay has autism spectrum disorder and acute anxiety which greatly affects his ability to learn. In the middle of the second year of his A-levels he experienced a mental health crisis as a result of the death of his dog, Dizzi. Jay has found it extremely challenging to come to terms with this and it has significantly affected his attendance which reduced from 90% in the first term to 60% in the second term after Dizzi's death. Jay has struggled to engage with learning and becoming very withdrawn and is distracted in class. He has had to defer his examination in History, completing an AS level rather than the planned A-level.

2 Jay had progressed well with his coursework in the first term of the year completing 90% on time with support from his LSA but he struggles to focus on this at home since the death of his dog. He prefers not to be left alone in the house and spends a lot of time at home in his room watching videos of Dizzi. Jay needs support to complete his coursework at college rather than at home to ensure he can meet the requirements for university.

3 Jay has Hypermobility Ehlers Danlos Syndrome (hEDS). He had been supported by his LSA to follow his physio plan at college but this has deteriorated as his attendance has dropped since the death of his dog. Jay often needs to be pushed between classes in a wheelchair. His pain has increased and this affects his ability to concentrate without medication which he needs support to manage.

4 Jay volunteers in the local Dogs Trust charity shop on a Saturday morning. This has helped him to improve his understanding of money and budgeting although he still finds it difficult to transfer these skills to an environment outside of his volunteering placement. In college he still brings a packed lunch as he would struggle to manage a budget to buy lunch at college.

5 Jay's ability to work in groups has improved significantly and his drama A-level has helped him to develop skills around recognising others' feelings. It is important that Jay is able to continue to engage in drama activities now that his course has finished. He continues to play in a band with one of his friends from college and they have a new member who is joining to play the drums from Jay's volunteering role. Since Dizzi's death Jay has continued to maintain these friendships however, he has struggled to engage with anyone new and often begins conversations talking about Dizzi's death which leads to him becoming distressed.

6 Jay has been able to cope much better with changes in his environment with the support of a 'buddy' in college who can sit near him in classes and make sure he finds his way when rooms are reallocated. This has reduced incidences of bullying in college although Jay remains vulnerable to this online. Jay is anxious that his current 'buddy' is leaving at the end of term and he will need to build a relationship with a new 'buddy'.

Section C

Jay's health needs

1 Jay has a diagnosis of autism spectrum disorder, and a related anxiety disorder. Jay experiences persistent and severe levels of anxiety which have increased since the death of his dog. Jay has become withdrawn and struggles to ask for help, choosing to not do a task rather try to work it out for himself. He has particular difficulty managing daily tasks and experiences distress related to these tasks.

2 Jay often experiences acute anxiety attacks, these occur more frequently since the death of his dog and can often be triggered by seeing another dog. These can prevent Jay from attending college or undertaking activities outside the home as a result. There are often physical symptoms related to his anxiety, such as severe headaches and nausea which also affect his concentration. Jay has occasionally passed out as a result of a panic attack.

3 Jay has Hypermobile Ehlers Danlos Syndrome (hEDS). Since the death of his dog he has lacked motivation in his physio which has led to a rapid deterioration in his mobility. His pain has increased and he often needs to be pushed between classes in a wheelchair. This affects his ability to concentrate without medication which he needs support to manage.

Section D

Jay's social care needs

1 Jay continues to find travelling on public transport very challenging, this has been exacerbated by the deterioration of his mobility and use of a wheelchair. He therefore often chooses to travel at less busy times avoiding the typical school/college travel times. He has also had to change his route to college to avoid the park as he finds it very distressing to see other dogs which can often trigger a panic attack. This has an impact on the times he is able to attend classes. He is able to manage some changes to routes or timetables on familiar journeys without support.

2 Jay consistently makes dinner for his family one night per week with support from his PA. He is more confident in making himself packed lunches for school but will often make too much food or unhealthy choices. Jay is eating more since Dizzi's death and has gained weight as a result. It is important that he engages with exercise as he no longer likes going out for walks or runs like he used to with Dizzi.

Section E

The outcomes sought for Jay

By the end of the year:

- Jay will be supported to complete a university application and his EHC plan will be shared with the university with Jay's consent, so that he feels confident about what will be available to support him.
- Jay will complete his History and Computer Science A-levels.
- Jay will increase his attendance in college from 60% to at least 75%.
- Jay will have coping strategies to help him manage his emotions in relation to the loss of his dog.
- Jay will complete at least 85% of his coursework on time.
- Jay will be motivated to follow his physiotherapy plan.
- Jay will consistently make healthy food choices when preparing meals for himself and others.
- Jay will manage a budget of £20 per week.

Section F

The special educational provision required by Jay

- 1** A HLTA qualified Learning Support Assistant (LSA) will work with Jay for 2 hours per day to engage him in structured learning outside of his formal classes to ensure that he is able to complete his A-level courses in History and Computer Science.
- 2** Jay's LSA will support Jay for 2 hours each time a new piece of coursework is set to break down tasks into smaller targets and communicate this to Jay in a 1 hour meeting and via email. The LSA will also work with Jay for 1 hour per week to support him to organise and prioritise his workload.
- 3** Jay's LSA will encourage Jay to follow his intensive physiotherapy plan (set out in section K) for 3 x 20 minute sessions per day at college. His LSA will support Jay to transfer between his classes using his wheelchair.
- 4** Jay will attend specialist training in managing money and budgeting during the first half term and will be supported to use this knowledge by his 'buddy' during lunchtimes at college.
- 5** The college Counsellor will work with Jay for 1 x 1 hour session per week to develop strategies for managing anxiety related to the death of his dog starting in the first half term.
- 6** College will support Jay to identify a new 'buddy' in the second half of term to allow time for an introduction phase with the new 'buddy'. This will be supported by Jay's current 'buddy' and they will all spend time together for 30 minutes per week until the end of term.

Section G

The health provision required by Jay

Adult Mental Health Services will provide Jay with a treatment programme which will specifically focus on finding coping strategies for Jay in relation to his increased anxiety since the death of his dog. This will start in the first half term and will last for 8 weeks. On completion of this programme AMH will review progress with Jay and decide if further courses will be provided.

Jay will have a 2 week inpatient intensive physiotherapy course during the first half term. This will result in an intensive physiotherapy plan which Jay will be encouraged to follow by his LSA.

Section H1

The social care provision that must be made for Jay

Jay is over 18, and is therefore not subject to the provisions of the Chronically Sick and Disabled Persons Act 1970.

Section H2

The social care provision that must be made for Jay

Jay has a care and support plan under the Care Act 2014 which has been reviewed to coincide with his EHC plan review.

Jay will have a personal assistant (PA) for 2 hours per week outside of college to support him as follows:

- 2 hours per week to attend community-based opportunities such as volunteering, drama group and band practice.
- During these sessions the PA will support and implement strategies identified through Jay's work with AMHS and social skills.

For the first half term, Jay will have a personal assistant (PA) for 2.5 hours per week outside of college to support him as follows:

- 30 minutes per day each morning to develop a morning routine which enables him to choose and prepare a healthy packed lunch.
- 1 hour, on one evening per week to choose and cook a healthy evening meal for his family transferring skills from college to home.

Section I

The educational placement to be attended by Jay

Jay will be placed at Green Heights College. This is a mainstream college.

Section J

Personal budget

(Adults with a care and support plan must have a personal budget.)

Jay's personal budget is £2064.

Jay has chosen not to request a direct payment.

Jay has not requested a personal budget for any other aspects of his support.



About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector with a membership of over 250 voluntary and community organisations and an active network of practitioners and policy-makers that spans education, health and social care. Their aim is to see a fully-inclusive society where disabled children and young people and those with special educational needs can lead full and happy childhoods and rewarding adult lives. They do this by working with the sector to find out what is and isn't working on the ground and use what they learn to influence policy and improve practice.

CDC hosts the following networks and projects:

Independent Support

IASS Network

Making Ourselves Heard

Special Educational Consortium

Transition Information Network

CDC is proud to be part of the National Children's Bureau (NCB), a leading children's charity working to build a better childhood for every child.