

**Thurrock Education, Health and  
Care Plan**

**(Id1 Id2)**  
**Date of birth**

Photograph of Child /  
Young Person or symbol /  
image of relevance to  
person.

**Proposed/Final Education, Health and Care Plan**

Date of Initial Plan:

Date of Current Plan:

## Contents

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This information should **not** be shared by professionals with anyone other than the people who have contributed to this assessment without **asking the child/young person or family first**. The family have the right to share it with whoever they wish.

**Section A – All About Me**

**Child's views:**

**My family's views:**

DRAFT

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## Section B – My Special Educational Needs

### 1. Communication and Interaction

Strengths

Needs

### 2. Cognition and Learning

Strengths

Needs

### 3. Social, Emotional and Mental Health

Strengths

Needs

### 4. Sensory and/or Physical

Strengths

Needs

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**Section C – My Health needs which relate to my SEN**

Strengths

Needs

DRAFT

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## Section D – My Social Care Needs which relate to my SEN

*(Social Care needs which are related to Id1's SEN or which require provision for Id1 under 18 Section 2 of the Chronically Sick and Disabled Persons Act 1970.*

*Other social care needs may also be included but inclusion must be with the consent of the child/young person and parents.)*

**Strengths**

**Needs**

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**Section E – Outcomes** *(Including forward plans for key changes in Id1’s life i.e. change of school; service provider or preparing for adult hood)*

**Section F – My Special Educational Provision**

**Communication and Interaction**

**My long term outcome**

**Why this is important to me**

**This will happen by the end of Key Stage**

**Objectives over the next 12 months**  
*(written in SMART terms)*

**Provision**

*(including the support to help me achieve my objectives, where this will happen, how often and who will provide this support)*


Short term targets to achieve the above objectives will be developed by the education provider and the parents/carers and child or young person.

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**Section E – Outcomes** *(Including forward plans for key changes in Id1’s life i.e. change of school; service provider or preparing for adult hood)*

**Section F – My Special Educational Provision**

**Cognition and Learning**

**My long term outcome**

**Why this is important to me**

**This will happen by the end of Key Stage**

**Objectives over the next 12 months**  
*(written in SMART terms)*

**Provision**

*(including the support to help me achieve my objectives, where this will happen, how often and who will provide this support)*


Short term targets to achieve the above objectives will be developed by the education provider and the parents/carers and child or young person.

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**Section E – Outcomes** *(Including forward plans for key changes in Id1’s life i.e. change of school; service provider or preparing for adult hood)*

**Section F – My Special Educational Provision**

**Social, Emotional and Mental Health Difficulties**

**My long term outcome**

**Why this is important to me**

**This will happen by the end of Key Stage**

**Objectives over the next 12 months**  
*(written in SMART terms)*

**Provision**

*(including the support to help me achieve my objectives, where this will happen, how often and who will provide this support)*


Short term targets to achieve the above outcomes will be developed by the education provider and the parents/carers and child or young person.

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**Section E – Outcomes** *(Including forward plans for key changes in Id1’s life i.e. change of school; service provider or preparing for adult hood)*

**Section F – My Special Educational Provision**

**Sensory and/or Physical Needs**

**My long term outcome**

**Why this is important to me**

**This will happen by the end of Key Stage**

**Objectives over the next 12 months**  
*(written in SMART terms)*

**Provision**

*(including the support to help me achieve my objectives, where this will happen, how often and who will provide this support)*


Short term targets to achieve the above outcomes will be developed by the education provider and the parents/carers and child or young person.

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To be completed each year from year 9 onwards

**Section E – Preparing for Adulthood Outcomes and next steps** (Including forward plans for key changes in Id1's life i.e. education, work experience, employment, health and independence)

**Preparing for Adulthood PfA**

**My long term outcome**

**Why this is important to me**

	<b>Objectives over the next 12 months</b> <i>(written in SMART terms)</i>	<b>Provision</b>
<b>Further/Higher education and moving towards employment</b>		
<b>Preparing for independent living</b>		
<b>Health and wellbeing</b>		
<b>Friends, relationships and community</b>		

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## Section G – My Health Provision

I will have this support to help me achieve my outcomes	It will happen at this place and this often.	This support will be provided by these people/services and it will be funded in this way.

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<b>Section H1 – My Social Care Provision (which must be made for me under the Chronically Sick and Disabled Persons Act 1970)</b>		
<b>I will have this support to help me achieve my outcomes</b>	<b>It will happen at this place and this often.</b>	<b>This support will be provided by these people/services and it will be funded in this way.</b>

<b>Section H2 – Any other Social Care Provision (which can be reasonably required by my learning difficulties or disabilities)</b>		
<b>I will have this support to help me achieve my outcomes</b>	<b>It will happen at this place and this often.</b>	<b>This support will be provided by these people/services and it will be funded in this way.</b>

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## Section I - Placement

Type of setting:

Names and address of setting:

Resources

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## Section J – Personal Budget

	Yes	No
I and my parents/carers have decided that I want to take a personal budget for my support?		
If yes, is this a:		
Notional budget		
Notional and direct payment budget		
Direct payment budget		

Id1's Personal Budget allocation is:	£xxxxxxx
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Description of support	Weekly Cost	Annual Cost
Education	£	£
Health	£	£
Social Care	£	£
Other (e.g. transport)	£	£
<b>TOTAL AVAILABLE AS PERSONAL BUDGET</b>	£	£

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## Section K – Advice

### General Information

Family Name:	Id2	First Name(s):	Id1
Preferred Name:		DOB:	dob1
Ethnicity:		Religion:	
Gender:	Male/Female	Child Looked After:	Yes/No
Address:			
Telephone: Email:			
Parent(s) or Carer(s) Names:		Who has Parental Responsibility?	
Address (if different from above):			
Telephone/Email: (if different from above)			
Name of current setting (early years/school/college):			
Start Date:			
Type of School:			
UPN:			
Name of main contact in current setting:			

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<b>Local Authority Contact Information</b>			
Case worker name		Telephone number	
Address		E-mail address	

<b>Health workers</b>			
General practitioner (GP)		Telephone number	
Address		E-mail address	
Paediatrician		Telephone number	
Address		E-mail address	
Allocated named therapist		Telephone number	
Address		E-mail address	
Allocated named therapist		Telephone number	
Address		E-mail address	
Allocated named therapist		Telephone number	
Address		E-mail address	
Other		Telephone number	
Address		E-mail address	
<b>Social Care worker</b>			
Name		Telephone number	
Address		E-mail address	

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The people who have been involved in producing my plan

Name and role	Contact details	Attended the meeting	Wrote a report
		Y/N	
		Y/N	
		Y/N	
		Y/N	
		Y/N	
		Y/N	
		Y/N	

- Appendix 1: Child's/Young Person Advice
- Appendix 2: Parental Advice
- Appendix 3: Educational Advice
- Appendix 4: Psychological Advice
- Appendix 5: Medical Advice
- Appendix 6: Advice from Social Care
- Appendix 7: Other Advice obtained by the Local Authority

This plan will be reviewed at least annually. Each service will be responsible for reviewing their part of the plan and may hold more frequent reviews of particular parts of the plan. This will be reflected in the annual review of the plan.

Child/Young Person	Signed:	Date:
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Parent/Carer	Signed:	Date:
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Duly Authorised Officer: Education	Signed:	Date:
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Duly Authorised Officer: Health	Signed:	Date:
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Duly Authorised Officer: Social Care	Signed:	Date:
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