**ANNUAL REVIEW**

**EDUCATION, HEALTH AND CARE PLAN**

**Guidance and checklist**

EHC plans should be used to monitor children and young people’s progress towards their outcomes and longer-term aspirations.

**What does the SEND Code of Practice say about annual reviews – MUSTS and SHOULDS:**

**General:**

* EHC plans **must** be reviewed at least once a year (first review 12 months after the date when the EHC plan was issued and then within 12 months of any previous review)
* For children under five the EHC plan **should** be reviewed every three to six months
* From year 9, at the latest, reviews **must** include focus on preparing for adulthood, including employment, independent living and participation in society. The transition planning **must** be built into the EHC plan
* The reviews **must** to undertaken in partnership with the child and their parent or the young person
* The review **must** take account of their views, wishes and feelings including their right to request a Personal Budget
* The review **must** consider whether outcomes remain appropriate
* Professionals across education, health and care **must** co-operate with local authorities during the review process.
* For reviews of EHC plans for young people age 18 and over, the Local Authority **must** have regard to wherever the educational or training outcomes specified in the plan have been achieved.
* Reviews **should** gather and assess information related to access to learning, educational progress, review educational, care and health provision and interim targets.

**Before the review meeting:**

* The Local Authority **should** provide a list of children and young people who will require a review of their EHC plan that term to all head teachers and principals of educational institutions, CCG and social care officers – this **should** enable professionals to plan attendance at review meetings and/or provide advice or information where necessary
* The Local Authority **must** provide a list of young people whose reviews **must** be focused on transition and preparation for adulthood.
* The educational setting **must** invite the child’s parents or young person and other relevant professionals and give them two weeks’ notice of the date of the meeting
* The educational setting **must** seek advice and information about the child or young person prior to the meeting from all parties involved/invited
* The educational setting **must** send advice and information to all invited at least two weeks before the meeting
* For young people going through transition reviews, representative of post 16 institutions **should** be invited to the review meeting, and if relevant, representatives from adult care and health services

**During the meeting:**

* The meeting **must** focus on the child/young person’s progress towards achieving outcomes specified in the EHC plan, and what change might need to be made to the support that is provided
* Children, parents and young people **should** be supported to engage fully in the review meeting
* The meeting **should** review any existing personal budgets

**After the review meeting:**

* The educational setting **must** prepare and send a report of the meeting to everyone invited within two weeks of the meeting
* The report **must** set out recommendations on any amendments required to the EHC plan
* Parents **must** be notified about the Local Authority’s decision following the review within 4 weeks after the review meeting.
* The Local Authority **must** notify the parent or young person of their right to appeal

**Annual Review Checklist:**

|  |  |  |
| --- | --- | --- |
| **Before the review meeting** | **Yes** | **No** |
| Date and time set, venue arranged |  |  |
| Letters sent requesting attendance and contributions to the review process |  |  |
| Written contributions circulated prior to the review meeting |  |  |
| Parents and child/young person offered advice and support on how to prepare for the review meeting |  |  |
| **After the meeting** | **Yes** | **No** |
| Annual report form completed |  |  |
| Documents to be attached:   * Additional written contributions (advice, reports) * Child/young person's views (please use one- page profile or child’s views form) * Attendance certificate * Provision map * Annotated EHC plan with recommended changes (only if requesting amendments to the content of the plan) |  |  |
| Completed annual review form sent to parents, young person, all invited and the LA **Please send all information via SOFIE** (Business Support EHC Co-ordination Team) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Annual Review of an EHCP**  The education provider should complete this form, on at least an annual basis, in respect of every child or young person on roll for whom the Local Authority (LA) continues to maintain an Education, Health and Care Plan (EHCP) | | | |
| **Date of this review:** | Click here to enter a date. | **Date of last review:** | Click here to enter a date. | |
| **Date of current EHCP:** | Click here to enter a date. | **Type of Review:** | Annual Review | |

## Details of Child or Young Person

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family name:** |  | | | **Given names:** |  |
| **Date of birth:** |  | **YR group** |  | **Gender:** | Male |
| **Address:** |  | | | **Contact details:**  ***(tel number, email address)*** |  |
| **Is the child/young person a child in care?** | No | | | **If yes, please give details of the Social Worker with contact number and address** | N/A |

## Details of Education Placement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Educational Placement:** |  | | **Type of setting:** |  | |
| **Funding: Matrix/Banding** | |  | **Does the school receive Pupil Premium for this child?** | Choose an item. | **If yes, please indicate amount received:** |
| **£** |

|  |  |  |
| --- | --- | --- |
| **Summary of Recommendations** | **Yes** | **No** |
| **To continue to maintain the EHC plan and not to amend any of the parts of the plan** |  |  |
| **To continue to maintain the EHC plan and to amend it** *Please note any requests for changes* ***must*** *be supported by relevant evidence and/or professional advice.**Please provide an annotated copy of any recommended changes with deletions shown by ~~strikethrough~~ and additions in* ***bold.*** |  |  |
| **To cease to maintain the EHC plan** |  |  |
| **To carry out a reassessment full EHC needs assessment** this is only relevant if the needs of the child or young person have changed significantly |  |  |
| **Are all parties involved in agreement with the recommendations?**  *If no, please detail below* |  |  |

## **People and Services involved with this child or young person** Please add and delete as applicable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Advice submitted for review?** | **Attended Review** | **Address / Contact Details** |
|  | Pupil/Young Person |  |  |  |
|  | Parent/Carer |  |  |  |
|  | Social Worker |  |  |  |
|  | SENCo |  |  |  |
|  | Class Teacher |  |  |  |
|  | LA Assessment Coordinator |  |  |  |
|  | Advisory Teacher/Inclusion Support Service |  |  |  |
|  | Educational Psychologist |  |  |  |
|  | Speech & Language Therapist |  |  |  |
|  | Physiotherapist |  |  |  |
|  | Occupational Therapist |  |  |  |
|  | Virtual School (for CLA only) |  |  |  |
|  | Transition Team |  |  |  |

|  |
| --- |
| Summary of discussion at Annual review meeting |
|  |
| Actions: please specify actions such as referrals, additional meetings |
|  |

## Mental Capacity

After compulsory school age (the end of the academic year in which children turn 16) they have a right to decisions based on their own views. Young people should be involved and encouraged to fully participate in decisions about their own future. The right of young people to make a decision is subject to their capacity to do so as set out in the Mental Capacity Act 2005. The underlying principle of the Act is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken on their behalf is done so in their best interests. Decisions about mental capacity are made on an individual basis and may vary according to the nature of the decision. Someone who may lack capacity to make a decision in one area of their life may be able to do so in another. Please refer to Annex 1 of the SEN Code of Practice for more information.

Your consent - Please tick:

|  |
| --- |
|  |

I give consent for information about my child’s needs to be shared between relevant EHCP professionals within South Gloucestershire Council (SGC) and with outside agencies, including:

* Educational settings/Schools
* Health and Social Care services
* SEND and Inclusion Support Services commissioned by SGC and or Statutory Partners

for the purposes of contributing to the EHC needs assessment process and, if necessary, the issuing and review of an EHC plan, including decisions on placement and funding implications.

## Signatures

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Name (*Please Print)*** | **Signature** | **Date** |
| **Child/Young Person** |  |  |  |  |
| **Parent/Carer** |  |  |  |  |
| **Author/Lead Professional** |  |  |  |  |
| **Head Teacher** |  |  |  |  |