**Education, Health and Care Plan (EHCP) Annual Review Report**

**Year 9 through to Post 16 - Preparation for Adulthood (PfA)**

Include child young person’s picture/photo/artwork

**To be completed by the education setting and sent to Hounslow Local Authority EHC Assessment and Review team securely to** [sen@hounslow.gov.uk](mailto:sen@hounslow.gov.uk)**, parents/carers and practitioners involved within 2 weeks of this Annual Review meeting.**

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| **Name of Chair** |  | **Job Role** |  | |
| **Signature:** |  | **Date** |  | |
| **Name & Contact details for SENCO/Lead on SEND** | Name:  Email/Tele: | | | |
| **Parent/Carers Name & Signatures & date:** | **Name/s** | **Signature/s**: | | **Date:** |
| **Young person signature**  **(age, 16 years and over)** |  | Date | | |

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| **Part 1: My review information** | | | | | | |
| **Child/Young Person’s Name** |  | | **Date of Birth** |  | | |
| **Education Setting Name** |  | | **National Curriculum Year group** |  | | |
| **Name & level of course or training if in Post 16 education:** |  | | | | | |
| **Date of this review meeting** |  | | **Date of previous review meeting** |  | **Date of EHCP being reviewed** |  | |
| **Type of review:**  Select as appropriate (√) |  | **Annual Review** | | | | |
|  | **Early Review** | | | | |
|  | **Phase Transfer Review**  year 10, 11: Secondary to Post 16 transfer.  Year 12,13, 14 or above: Post 19 transfer. | | | | |

**Person-Centred Annual Review Agenda**

Please see [person-centred guidance materials](https://fsd.hounslow.gov.uk/synergyweb/local_offer/All_forms.aspx) on the Hounslow Local Offer.

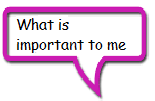
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| **Part 2: Is this review recommending a formal amendment to the current EHCP** | **Yes** | **No** |
| **Please indicate where significant changes are needed to each section** | **Select as appropriate**  (√) | |
| **Recommended changes to Section A: Personal info/All about me** |  | |
| **Recommended changes to Section B: Special Educational Needs** |  | |
| **Recommended changes to Section C: Health needs** |  | |
| **Recommended changes to Section D: Social care needs** |  | |
| **Recommended changes to Section E: Outcomes** |  | |
| **Recommended changes to Section F: Special Educational Provision** |  | |
| **Recommended changes to Section G: Health provision** |  | |
| **Recommended changes to Section H: Social care provision** |  | |
| **Recommended changes to Section I: Education Placement**  *Please add reasons why and evidence must be submitted to accompany this request* |  | |
| **Recommended changes to Section J: Personal Budget** |  | |

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| **Part 3: Details of the meeting attendees / report contributions**  Select as appropriate (√) and delete boxes as appropriate | | | | |
| **Name and contact details:** | **Role** | **Invited** | **Attended** | **Report Attached** |
|  | Child/young person |  |  |  |
|  | Parent(s)/carer(s) |  |  |  |
|  | Teacher / Education staff |  |  |  |
|  | School SENCO / Inclusion manager |  |  |  |
|  | Social care (please specify) |  |  |  |
|  | Health (please specify e.g. Child & Adolescent and Mental Health Service Practitioner) |  |  |  |
|  | Speech and Language Therapist (SLT) |  |  |  |
|  | Occupational Therapist (OT) |  |  |  |
|  | Sensory & Physical Service – Hearing Impaired/Visual Impaired (please specify) |  |  |  |
|  | EHC Officer |  |  |  |
|  | Educational Psychologist |  |  |  |
|  | Careers Advisor |  |  |  |
|  | Other (add extra rows as necessary) |  |  |  |
| **\****For pupils in receipt of therapy, please ensure updated therapy advice is submitted with this annual review report\** | | | | |

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| **Part 4: My Personal information**  ***Please check EHCP and ONLY enter information******that has changed OR******amend directly on the EHCP*** | | |
| **Are there are changes to the child/young person’s address and/or other personal details such as GP practice? Give details here:** *Please check against the most recent EHCP* | |  |
| **Are there any changes to the family/carer details? Give details:**  *Please check against the most recent EHCP* | |  |
| **Is the child/young person offset/formally outside their chronological year group? If yes, please give details as to why:** *If a request is being made, please provide details and evidence as to why.* | |  |
| **Primary and other languages used at home** | |  |
| **Are there any other barriers to the family engagement to attendance at meetings:** | | Yes / No |
| **Legal status:** | **Is the child Looked After by the Local Authority or a Care Leaver (over age 18)?** | Yes / No |
| **Name of the Local Authority with financial responsibility?** |  |
| **Subject to a Child Protection (CP) plan?** | Yes / No |
| **Does the pupil have a Child in Need (CiN) plan?** | Yes / No |
| **Any other Care Order?** *If yes, please detail* | Yes / No |
| **If yes to any of the above, please provide name of social worker & contact details:**  Name Phone no.  Email | | |
| **Where Early Help support, Leaving Care or Adult Social Care is provided, please give name & contact details:**  Name: Team & contact details: | | |

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| **Attendance for education year (%) YYYY**  Please attach attendance certificate | **Autumn Term:** | **Spring Term:** | **Summer Term:** |
| **Outline the key issues and actions taken to ensure full attendance:** |  | | |
| **Any exclusions and/or reduced timetable since the last annual review** | Yes / No  *If yes, please provide more details and attached timetable and plan for reintegration.* | | |

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| **Part 5: Views on progress – Since my last annual review**  ***Parent Carers and Education settings can support me to communicate my views using documents such as an ‘All About Me Form’ or any other methods such as a presentation, drawings, photos, and forms to share my views*** |
| **What everyone likes and admires about the child/young person** (S*trengths, personal achievements, and interests as well as personal qualities).* |
|  |
| **What I feel my achievements and successes are since my last review.** |
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| **What my family share are my key achievements and successes are since my last review.** |
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| **What my teachers/support staff say are my key achievements and successes are since my last review.** |
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| **Part 6: EHCP Section A - My Story and My Future**  ***Parent Carers and Education settings can support me to communicate my views or share using documents such as an ‘All About Me” form or any other methods such as drawings, photos, and presentations. Please aim to ensure information relating to the questions below is sought/added. Also please say who helped me to provide this information.*** |
| **My story -** *Please see section A of my EHCP – does anything need updating, a brief description of my background if this has changed, add things that are helpful for people supporting me to know about your journey/experiences. (Parent Carers and adults supporting me can help tell my story).* |
|  |
| **How I communicate and express my wishes and how I can be involved in decision making.** |
|  |
| **Things I find interesting and things I dislike.** |
|  |
| **Things I am good at and what I struggle with.** |
|  |
| **What is going well (strengths).** |
|  |
| **What is not going well (difficulties) and what I think I need help with.** |
|  |
| **What I want my future to look like (include information around future education (courses) / employment / living arrangements / friendships etc.). How I want to use my time.** |
|  |
| **Things I can do independently and things I want to be able to do myself now and in the future.** |
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| **My views on friendships, how I participate in the community, and what I want my future to look like outside of education (including where I would like to live and friendships).** |
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| **How I keep healthy and what else I need to do to keep in good health.** |
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| **Parent/Carer views, hopes and aspirations for their child/young person’s future.** |
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| **Additional family information and my support network** *(add relevant family information, such as who in my family support or wider family/ relatives abroad that they visit regularly).* |
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| **Part 7: My Attainment**  *This section should not be left blank. Please record progress and levels of attainment since the last annual review.*  Provide details of levels (e.g. NC levels, or the results of standardised testing and provide your education setting key with an age equivalence). | | | |
| **Core subjects / Course / Area of learning** | **Attainments from last year, levels and date** | **Current grade/levels and date of assessments** | **Expected levels at end of academic year (including predicted grades, if relevant)** |
| *e.g. Maths GCSE* | *E.g., Working towards year 10 levels in October 2023* |  |  |
| *e.g., City & Guilds Extended Certificate in Essential Skills for Work and Life* |  |  |  |
| *Add other subjects/qualifications* |  |  |  |
| How does the child/young person approach their learning? | | | |
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**Preparation for Adulthood (PfA)** - Discussions about their future should focus on what they want to achieve and the best way to support them to achieve this (paragraph 8.7 of the SEND Code), steering them towards adulthood. Please use the following links to support you with preparing for PfA annual reviews and support with planning: [Council for Disabled Children - PfA](https://councilfordisabledchildren.org.uk/resources-0/preparing-adulthood/preparing-adulthood-and-annual-reviews) [NDTI - PfA Resources](https://www.ndti.org.uk/resources/preparing-for-adulthood-all-tools-resources)

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| **Part 8: EHCP Section B - Special Educational Needs**  **Consider any changes needed to section B of the EHCP?**  *If changes are needed to my EHCP, please detail strengths and difficulties for the relevant section below. You can copy and paste from the current EHCP or use a word version of the EHC plan to show changes.* ***Key: red bold – additions and ~~strikethrough~~ – deletions. Remember, if******you add or make changes the child/young peron’s special educational needs, please say what changes needed to the******provision (section F) in part 9.*** *It is not necessary to replicate information from professional reports, you can refer to a specific report and remember to send with the Annual Review report to the Local Authority)* | |
| **Preparing for education, employment and training.** Consider child/young person’s ability to understand instructions, language, attention to activities/work experience tasks, their processing skills and memory. | **Evidence/reports/date** |
|  |  |
| **Independent living.** Consider the child/young person’s abilities to make choices and decisions, their ability to manage personal care and hygiene. How independent are they with use of public transport/shop/cook and organise themselves. Are they able to manage technology and keep safe online? | **Evidence/reports/date** |
|  | |
| **Participation in society, including friends, relationships and community** Consider how they develop and maintain healthy friendships and relationships across a range of settings. How do they participate in clubs/access their community? | **Evidence/reports/date** |
|  | |
| **Good health.** Consider strengths and needs around emotions and emotional regulation/mental health. Are there sensory sensitivities and can they independently regulate these needs? Any difficulties articulating health needs or concerns around healthy eating/risk taking behaviours? | **Evidence/reports/date** |
|  | |
| **Section C: Health needs - *Consider the following when reviewing health needs.*** *Is the diagnosis and the impact of this diagnosis detailed? Does the child/young person have an identified disability? Are there other health needs, not related to SEN that need to be listed (from reports)* | **Evidence/reports/date** |
|  |  |
| **Section D: Social care needs - *Social care needs can be identified by parents and education setting; this does not need to come from a social work practitioner. Consider the following when reviewing social care needs:*** *As a result of the child/young person’s SEN what difficulties do they face at home and in the community? Are they vulnerable in the community as they have a limited understanding of the wider world and dangers, such as road safety?* | **Evidence/reports/date** |
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| **Part 9: EHCP Section E. Review of my current outcomes and progress** | | |
| **CURRENT EHCP OUTCOMES**  (Copy & paste from the Final EHCP being reviewed. From Year 9 onwards Outcomes must have a Preparation for Adulthood focus) | **Progress towards the outcomes** | **Comments on progress and concerns towards the outcomes** |
| **Preparing for education, employment and training** | * *Achieved* * *Remains appropriate* * *No longer appropriate*   *(amend/replace/remove)* |  |
| **Independent living** | * *Achieved* * *Remains appropriate* * *No longer appropriate*   *(amend/replace/remove)* |  |
| **Participation in society, including friends, relationships and community.** | * *Achieved* * *Remains appropriate* * *No longer appropriate*   *(amend/replace/remove)* |  |
| **Good health** | * *Achieved* * *Remains appropriate* * *No longer appropriate*   *(amend/replace/remove)* |  |
| **Health** | * *Achieved* * *Remains appropriate* * *No longer appropriate*   *(amend/replace/remove)* |  |
| **Social care** | * *Achieved* * *Remains appropriate* * *No longer appropriate*   *(amend/replace/remove)* |  |

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| **Part 10: EHCP Sections E (Outcomes) and F (Provision) – Please add any proposed new/amended outcomes and provision** | | | |
| **Section E** | **Section F** | | |
| **PROPOSED NEW / AMENDED OUTCOMES** | **NEW PROVISION TO MEET THE OUTCOME**  ***State what the intervention is*** | **Who will deliver the intervention, how often and how long for?** | **When it will be reviewed and by who?** |
| **Preparing for education, employment and training** | *e.g. “A 1:1 language intervention aimed at building xyz skill”* | *e.g. a teaching assistant who has received training from the speech and language therapist. This programme designed by the SLT will be delivered for 20 minutes, three times per week.* | *This will be reviewed termly by the teaching assistant, class teacher, SENCO and SLT)* |
| **Independent Living** |  |  |  |
| **Participation in society, including friends, relationships and community** |  |  |  |
| **Good Health** |  |  |  |

| **Health Outcomes** | **Section G: Health Provision** | | |
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| **PROPOSED NEW / AMENDED OUTCOMES** | **NEW HEALTH PROVISION TO MEET THE OUTCOME (from Health report)** | **Who will deliver the intervention, how often and how long for?** | **When it will be reviewed and by who?** |
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| **Social Care Outcomes** | **Section H1: Social Care Provision** | | |
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| **PROPOSED NEW / AMENDED OUTCOMES** | **NEW PROVISION TO MEET THE OUTCOME (from social care report)** | **Who will deliver the intervention, how often and how long for?** | **When it will be reviewed and by who?** |
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| **Social Care Outcomes** | **Section H2: Social Care Provision** | | |
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| **PROPOSED NEW / AMENDED OUTCOMES** | **NEW PROVISION TO MEET THE OUTCOME – (from social care report)** | **Who will deliver the intervention, how often and how long for?** | **When it will be reviewed and by who?** |
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| **Part 11: EHCP Section I - Education Placement and Phase Transfer** | | |
| **Are parent(s)/carer(s)/young person requesting a change of placement?** | Yes / No | *If yes, please include details and reasons e.g., mainstream to special setting, special setting to mainstream.* |
| **Is the child/young person due to move education settings at the end of the next academic year?** | Yes / No |  |
| **Name of child/ young person’s and or parents’ carers preferred setting?** |  | |
| **What is the child/young person’s preferred subjects/course, if applicable?** |  | |

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| **Pathway Planning - Actions and support needed to achieve the set outcomes** | | | |
| **Please summarise the pathway(s) that could support the child/young person to move towards their adulthood goals** (this should include conversations around housing and not just employment/training) | | | *e.g. x may want to try a supported learning course at West Thames College with a view to go onto Pre-Project Search, then Project Search followed by employment.*  *X will live with his parents.*  *e.g. x would like to continue with learning at a college such as Great Oaks College, then a community programme including supported work & supported living (0 – 25 Social Care Team)*  *e.g. x would like to get a job after gaining his Level 3 Diploma in plumbing and move to his own place with support such as supported living or own flat/house share.* |
| Please attached a **Careers Action plan** prepared by the school/college’s Careers Adviser outlining the young person’s plans for their next steps in learning, employment & training. | Yes / No | *Careers Action Plan MUST be included for pupils in years 10 and above. If no, please state reason:* | |
| Is the child Looked after (if age under 18yrs) | Yes / No | *If yes, please attach PEP for LAC pupil from Virtual College.* | |
| Young person is a Care Leaver (over 18) | Yes/No | *If yes, please attach a Pathway Plan from Leaving Care Personal Adviser.* | |
| Is the child/young person receiving support from social care? (Young people are expected to move from Children’s Social Care to Adult Social Care services at age 18). | Yes / No | *If yes, please attach a copy of social care plan:* | |
| Does the young person have a Health Care Plan? | Yes / No | *If yes, please attached a copy:* | |
| Does the child/young person currently meet the criteria for Continuing Health Care? | Yes / No | If yes has the Adult Continuing Care team been informed? (Joint assessment is carried out at 17 years of age). | |
| Where the child/young person meets the Continuing Health Care (CHC) criteria, is a Health Care Plan attached? |  | | |
| If age 14 and over and has a learning disability, are parents’ carers aware of the entitlement to the annual health checks with their GP? | Yes / No | More information is available to parents by following this link Learning disabilities - Annual health checks - NHS (www.nhs.uk). | |
| *Please include any other information/planning needed.* |  | | |

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| **Part 12: Section J - Personal Budget**  A personal budget allows the Local Authority to delegate funding to deliver provision already identified and linked to Section F to the parent/carer/young person. A request can be made by parents/carers and young person if they are aged 16 years and over for a direct payment from this total budget allocated to the EHCP. Before the Local Authority can agree, permission will be required from the Headteacher/Principal of the education setting and consideration given to efficient use of resources. | | |
| **Is a personal budget currently in place?** | Yes/No | **If yes, are there any changes recommended?** *Please outline* |
| **Is a new personal budget being requested by parents or the young person?** *If yes, please state the outcome/s to be achieved by the request, how, where, and, by whom provision will be delivered, and cost information (if known).* | Yes/No | *If yes, please outline what is being requested to include costs and which outcome in the EHCP the request is linked to.* |

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| **Part 13: Travel Arrangements / Independent Travel** | | | |
| How does the child/young person currently get to school/college? |  | | |
| What steps are being put in place to support the child/young person to develop their independent travel skills? | *If no steps have yet been taken, please consider putting a travel plan in place and review if the following* [TFL Travel Mentoring Scheme](https://tfl.gov.uk/transport-accessibility/learn-to-use-public-transport) *may be suitable.* | | |
| Is the child/young person a potential candidate for independent travel training? ***NOTE:*** *a school year is only 190 days (equivalent to just over 6 months), if ITT is delayed, this could impact the young person’s ability to access the training in the future. Additionally,* [TFL Travel Mentoring Scheme](https://tfl.gov.uk/transport-accessibility/learn-to-use-public-transport) may also be suitable to children to travel independently. | Y/ N | **If no, please state reason and age/date expected to become suitable** |  |
| Accessing the local community walking e.g., attending swimming lessons, going to local shops or town centres, the park etc | Y/N | If yes, what is the staff ratio required? |  |
| Does the young person attend organised trips in shared transport? | Y/N | If yes, what is the staff ratio required? |  |
| Are there any limitations on the types of places the child/young person can travel to safely? | Y/N | If yes, what are the limitations? |  |
| ***At 16 or from year 12, the law changes with regard to travel assistance. Young people, along with their parents, need to consider how they are going to access post 16 education setting, bearing in mind there is no duty on the authority to provide travel assistance, nor does it have to be free of charge and the Council can charge a contribution to the cost of the travel assistance if provided. In most circumstances, applications for travel assistance would not be considered if a similar course is available closer to home.*** [**Hounslow Travel Assistance**](https://eur01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.hounslow.gov.uk%2Finfo%2F20025%2Fschools_and_colleges%2F1085%2Fschool_travel_assistance&data=05%7C01%7CChelsea.Hayward%40hounslow.gov.uk%7C5aef739db72741b3836a08dbd0bc57f1%7C5b62666662464c9bacc7716a5a94bd03%7C0%7C0%7C638333279558600693%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=r%2F3zHRKUpK%2BSaPRJdEblxjW7Bop0%2B5waGxYSQ4pf%2FEM%3D&reserved=0) | | | |

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| **Part 14: Summary of recommendations** | | |
| Is there a recommendation for a reduction/increase in support/funding? *Please ensure a provision map is included to reflect any changes recommended.* | Yes / No | *If yes, please give details of how the current funding is used to support and how the change in funding will support the child/young person.* |
| Has the recommended levels of therapy in the EHCP changed (e.g., Speech and Language, Occupational or Physiotherapy)? | Yes / No | *If yes, please include reports/evidence – amendments cannot be agreed without updated reports/evidence.* |
| Is a re-assessment of education, health, and care needs required? *Annual Review recommendations can support the amendments required to the EHCP including new education, health, and care needs. (A reassessment is 20-week process)* | Yes / No | *If yes, please outline the reason for reassessment request* |
| Does the current provision/setting continue to be suitable? Please also include parent carers views. | Yes / No | *If no, please outline reasons why and ensure a provision map is included?* |
| **Is it recommended that the Hounslow Local Authority ceases to maintain the EHCP?** | Yes / No | **Please select reason below:** |
| 1. The child/young person is making progress within the education settings own resources using Element 2/SEN Support funding level. | Yes / No | *Please provide details* |
| 1. The EHCP is not required to access further ESFA funding or apprenticeship support. | Yes/No | *Please provide details* |
| 1. The young person is over 18 and no longer wishes to engage in formal education or training but may continue in adult education & life-long learning. | Yes/No | *Please provide details* |
| 1. The young person is moving to higher education (university or a course at Level 4 or above). | Yes/No | *Please provide details* |
| 1. The young person is over 18, they are in work, applying for work, moving to adult services, or planning to access community-based activities. | Yes/No | *Please provide details* |
| **Any other notes include here, as well as any differences in views** | | |
|  | | |
| **Date set for next annual review:**  *(Please set next annual review meeting no later than 11 months after this annual review meeting to comply with statutory deadlines)* | | |

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| **Part 15: Annual Review Checklist** | **Yes** | | **No** |
| The annual review report and professional reports were distributed at least 2 weeks before the meeting |  | |  |
| A current timetable is attached, please ensure current timetable is included |  | |  |
| A current costed provision map is attached (detailing how the current provision supports the child/young person)? |  | |  |
| If changes to provision have been requested, details and costs have been provided in the provision map as to how funding is to be used | |  |  |
| All reports attached from other professional involved (including therapy reports/social worker report) | |  |  |
| Is this report informed by and consistent with the person-centred meeting? | |  |  |
| Are parents(s)/carer(s) clear about, and in agreement with proposed recommendations? | |  |  |
| Parent(s)/carer(s) and the young person have been informed that the annual review reports are shared with representatives from the services supporting their child/young person and presented to the Local Authority (and where applicable presented at Hounslow SEND Panels).*Privacy statements can be found on the school / Hounslow Council websites and explain how personal data is used and protected, and the subject’s data protection rights.* | |  | ☐ |