**Annual Review Guidance and Templates 2023 – 2024**

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# **At a glance guide**

The EHC plan should be reviewed at least annually for all children and young people over 5 years old. For children aged 0 – 5 the EHC Plan must be reviewed at least every 6 months, unless otherwise stated on the plan; this includes where a child is on roll at a school in foundation.

Health and Social care professionals must be invited to attend the review meeting and/or provide a written report where there is involvement at least 2 weeks prior, though best practice would recommend 6 weeks before.

Children aged over 14, with diagnosed learning disabilities, should have an annual health check with their GP.

All information obtained, including child/parent views, and the EHC plan with recommended amendments to be circulated at least 2 weeks prior to the meeting.

**Within 2 weeks of the meeting**, the word version of the EHC plan, all information obtained for the review and the annual review report should be emailed to the main EHCP mailbox, parents and those invited to the meeting. The email subject should be: **23 - 24 Annual Review Report**

# **EHC Outcome data (Whole school)**

Your school will be requested to submit all outcome data so please keep this on one document (template provided) for all CYP with EHCP’s ready to be submitted at each of the three data collection points in the academic year. It is important this data is gathered as the Review Team will be analysing this, looking for areas where targeted support may be required.

Outcome data should be emailed to our EHCP Mailbox before the following deadlines:

Autumn Term: Friday 22 December 2023

Spring Term: Thursday 28 March 2024

Summer Term: Monday 22 July 2024

Amending the plan:

Change the front page from Final/Amended Final to **‘Recommended Amendments’**

Rename the document to ***YYYY.MM.DD\_Initials\_Recommended Amendments***

**Additions** – bold type

**~~Deletions~~** – bold type with strikethrough

Please **do not** use track changes; you can however add comments if you wish to (see Review tab in MS Word).

Consider the progress towards all outcomes and show this using **(E)** for emerging, **(D)** for developing or **(S)** for secure.

# **EHC Review Timeline**

**At the start of the academic year, best practice, s**chool sets meeting dates with a reminder being sent at least 6 weeks before the meeting.

**At least 4 weeks before the meeting**

**School sends invitations to:**parents/carers, young person (where appropriate), EYs provider, headteacher or principal and other individuals relevant to the review.

**At least 2 weeks before the meeting**

School obtain information and advice from all invitees and circulate to all.

**At the meeting, which the school leads:**

Consider the child or young person's progress towards outcomes and whether the outcomes remain appropriate.

Consider what provision is required to support the child or young person in preparation for adulthood and independent living.

**Within 2 weeks of the meeting. school circulates annual review report to all invitees sharing:**

- any recommended amendments, on a copy of the EHC plan

- any differences between the recommendations and other's attending the meeting, on the summary of discussion, including any other points discussed

- all information and advice obtained about the child or young person

**Within 4 weeks of the meeting, LA notifies of decision to Maintain, Amend or Cease the EHC plan.**

**Where the LA decides to Amend the plan, the**proposed amendments **must** be sent to the parents/young person at the time of the notification to amend. The LA informs parents/ young person of their right to:

- make representations about the content of the plan

- to request a particular school/setting.

**Where the LA decides to Cease or Maintain the**plan parent is provided with:

- notice of their right to appeal to the SEND tribunal and time limits for this

- information about mediation

- information about disagreement resolution services and information and advice (SENDIAS)

**At least 15 days following the notification to Maintain, Amend or Cease,** parents/young person can make representations about the content of the plan and to request a particular school/setting, and can request a meeting with an LA officer.

**As soon as practicable, and within 8 weeks of the notification to amend, the LA issues the final amended EHC plan, or decides not to amend after all.** Where issued, it is clear that it is an amended EHC plan.

**The LA must provide the parent with:**

- notice of their right to appeal to the SEND tribunal and time limits for this

- information about mediation

- information about disagreement resolution services and information and advice (SENDIAS)

# **Annual Review Guidance - Detailed**

### Annual Review Report

The Annual Review Report **must** be completed in full and needs to have details of the discussions held at the meeting regarding any changes/updates to the EHC plan. This can be a short summary, or key bullet points. Any discussion concerning change of placements, change of needs/diagnoses, funding or ceasing the plan should be detailed on the report.

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Change the front page of the EHC Plan from Final/Amended Final to **‘Recommended Amendments’ and** rename the document to ***YYYY.MM.DD\_Initials\_Recommended Amendments.***

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## **Contact Details**

Parent/carer contact details **must** be confirmed at the meeting, including email addresses as these are more regularly changed and are the first contact point; the contact details sheet may be sent out ahead of the review to enable any changes prior to the meeting (template provided).

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## **Identified Areas of Need**

Change this to ‘**Main area or need’** and identify which of the 4 areas of need is the main area, and where this is sensory/physical include if it is HI/VI etc.

ASC can be included.

## **Section A**

Strike through the circle of support and share that this is no longer a required element of the plan. Where parents request it to remain, please update the as required.

Copy tables across from pupil and parent/carer views in bold and add date of review. Strikethrough any previous views.

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## **Section B – Summary of Needs**

**Background and Summary** – this should only state ‘**Summary’** please amend as required. The summary should give an overview in 3 to 4 paragraphs of the CYP and should not need to be updated regularly. Do not use ages or phrasing that may cause distress to the CYP when reading the document (this may be at a future point) or in sharing it.

**Sections for specific areas of need** should be updated to reflect the review of outcomes, this section should give main, key points and not be too detailed; it would be best to strike through everything and start afresh.

The education setting is best placed to report on current strengths and difficulties. Reports from professionals should not be copied into the plan but used to inform the key points. Reports should be referred to as appropriate by school/education setting and will form part of the annual review appendix, that will be sent to all involved with the CYP/EHC plan.

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## **Section C - Health**

This should be a summary of how the health conditions impacts the access to education. Update this section, using bold and strikethrough, based on current health reports received for the Annual Review if applicable (template invitation letter for health professionals provided). Information can only be included where there is a professional report/letter of involvement. Health professionals **must** provide a short, written report two weeks ahead of the review to enable the school to add to the proposed amended plan.

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## **Section D – Social Care**

This should be a summary of how the social care involvment impacts the access to education. Update this, using bold and strikethrough, based on current social care report received for the Annual Review if applicable (template invitation letter for health professionals provided).

Where there is current social care involvement the allocated worker **must** be invited, and this section updated or confirmed as being still relevant. Social Care professionals **must** provide a short, written report two weeks ahead of the review to enable the school to add to the proposed amended plan.

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## **Sections E, F, G, H - Outcomes and Provision**

Consider the progress towards all outcomes and show this using **(E)** for emerging, **(D)** for developing or **(S)** for secure.Where an outcome is secure this should be struck through and new outcomes considered, reflective of Section B and the CYP/parent/carer aspirations.

Where a long-term outcome is emerging or developing, considerif it is still appropriate, e.g. if it was written in year 2 and CYP now in year 6 new outcomes should be considered as above.

Long term outcomes should be written thinking about the next 3-5 years or next point of transition e.g. year 6, 11, adulthood.

Long term outcomes should be numbered to allow links to be made to short term outcomes.

Short term outcomes are ordinarily to be achieved within a year and therefore something should change.

If the outcome has not been achieved and it is going to remain, then consider how to make the outcome smarter (e.g. rather than a broad statement across all areas of learning could a smaller step within a particular area be considered?).

Consideration will also need to be given to the provision or **‘what help will I need?’** section as provision may need to change to support the CYP in achieving the outcome.

Short term outcomes should be smaller steps to allow the CYP to achieve the long-term outcome and should be numbered with a letter to show this, e.g. 1a, 1b and so on.

*Long term outcome:*

1. *By the time she is 14, Bea will enjoy a meal in a café or restaurant with her family once every two months.*

*Short term outcomes:*

*1a. In 6 months time, Bea will use her PECS book to choose her lunch at school and at home, every day.*

*1b. In 12 months, the number of Bea’s epileptic seizures will have reduced by 50%.*

When a new outcome is added the new provisions, or **‘what help will I need?’**, **must** be included in bold in Section F and those provisions that are no longer necessary **must** be struck through.

Specific programmes/external provisions should be evidence based and should not be named directly, except as possible examples of a specific type of intervention.

e.g. …an evidence based intervention/programme of support such as Circle of Friends or Socially Speaking may be appropriate…

Provision that is recommended within a professional’s report should be considered and included in Section F where this is ordinarily available within school/educational setting. Any provision/resources that would require additional funding should not be included, but instead be detailed within the summary of discussion and this would then be discussed at SEND Forum.

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# **EHC Plan Annual Review Report**

The EHC Plan Annual Review Report is included here, but will be available on the Local Offer as an individual document as this will need to be returned for every child’s review.

|  |
| --- |
| **EHC Plan Annual Review Report** |
| **Meeting date** |   |
| **Annual Review checklist**  |
| CYP Name  |   | Date Of Birth  |   |
| School name  |   |
| Change in funding required? If Yes, please give detail in the summary of discussion  | ​​☐​  Yes ​☐​   No   |
| **Please tick to confirm proposed additions in bold and proposed deletions are struck through.**  ​☐​  |
| Parent/carer contact details are current.  | ​​☐​  |
| Pupil’s views updated see templates.  | ​​☐​  |
| Parent/Carer views updated see template.  | ​​☐​  |
| Section B updated based on review of outcomes and professionals’ reports.  | ​​☐​  |
| Attainment data updated.  | ​​☐​  |
| Sections C & D updated.  | ​​☐​  |
| Preparation for Adulthood updated (from year 9).  | ​​☐​  |
| Additional Professionals reports should be sent with this report and amended EHC plan. Please give name of service (e.g. SLT, CAMHS, OT, Social worker) and the date of report.  | ​​☐​  |
| Summary of discussion to be used setting out any difference between recommendations and recommendations of others attending the meeting, detailing reasons for recommending ceasing the plan or if there is a request for a change in funding, or additional provision based on reports.  | ​​☐​  |

|  |
| --- |
| **Summary of discussion**  |
| (to be used setting out any difference between recommendations and recommendations of others attending the meeting, detailing reasons for recommending ceasing the plan or if there is a request for a change in funding, or additional provision based on reports)  |

# **Templates**

Where appropriate please amend letters/invites and remove the ‘[Contents](#_top)’ link prior to sending to parents/professionals or returning to the LA.

## **Child / Young Persons Views**

**The table below will be transferred into Section A of the EHC plan in bold.**

|  |
| --- |
| **What are the things you feel most pleased you have achieved this year?** |
|  |
| **Things I want you to know about me** |
|  |
| **Who I live with** |
|  |
| **What people like about me and think I am good at** |
|  |
| **What is important to me** |
|  |
| **How to help me** |
|  |
| **The things that are going well for me** |
|  |
| **The things that I find hard:** |
|  |
| **What would you like to be able to do in the future?** |
|  |

Please note whether this form was completed by the child or young person themselves or through observation. Please see the Gaining Young People’s View Guidance.

|  |  |  |
| --- | --- | --- |
| Child / young person [ ]  | Through observation [ ]  | Scribed by adult [ ]  |

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## **Invitation letter to parent/carers**

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Dear Parent/Carer

Child’s Name DOB

You are invited to the Annual review of Child’s name’s Education, Health and Care (EHC) plan on DATE at TIME.

This is a chance for us to look at progress towards the agreed outcomes in the EHC plan over the last year. Together, we can recommend any changes to the EHC plan that might be needed.

I have attached the parent/carer contact sheet so that we can make sure the details are correct on the EHC plan together with a form for you to record your views. Please return these as soon as possible and at least 3 weeks before the meeting.

 We like to include children in their review meetings as their thoughts, feelings and aspirations are very important, therefore their views will be gathered in school prior to the meeting. They will be encouraged to attend the meeting for as little, or as long, as they wish to be there.

Information gathered from professionals involved with your child, will be sent to everyone invited to the meeting, along with your completed views and recommended amendments to the EHC plan, at least two weeks before the meeting so you can think about all of the information and feedback before the meeting.

You are welcome to bring a friend or an advisor to the meeting. You may wish to get in touch with the Milton Keynes SEND Information Advice and Support Service on 01908 254518 who will be able to offer advice to you.

Please return the slip below to confirm you will attend.

Yours sincerely

Headteacher

Name of School

I /we wish to confirm that I/we can / cannot attend the annual review for Child’s Name on DATE.

I/we will be bringing a friend/relative/independent supporter with me/us.

Name…………………………………………………………………………………

Signed………………………………….………………. Date………………………………

**Parent / Carer’s Views**

**This table will be transferred into Section A of the EHC plan in bold.**

|  |
| --- |
| **What are the things you feel most pleased your child/young person has achieved this year?** |
|  |
| **What is important to us?** |
|  |
| **How to support us as a family:** |
|  |
| **What is working well for your child/young person?** |
|  |
| **What do you want for your child/young person in the future (think 1 year, 5 years, adulthood)?** |
|  |

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**Parent / Carer’s Current Contact Details**

[ ]  I/we confirm that the details on the current EHC plan are correct.

If there are any changes, please update them below.

|  |
| --- |
| **Parent/Carer 1**  |
| Title: |  | Forename: |  | Surname: |  |
| Address and postcode: |  | Can this address be printed on EHC Plan?[ ]  Yes [ ]  No |
| Preferred Contact numbers: |  |
| Email: |  |
| \*Parental Responsibility? | [ ]  Yes [ ]  No |
| Relationship to pupil | [ ]  Mother [ ]  Father [ ]  Foster Carer [ ]  Other – please state:  |
| **Parent/Carer 2**  |
| Title: |  | Forename: |  | Surname: |  |
| Address and postcode: |  | Can this address be printed on EHC Plan?[ ]  Yes [ ]  No |
| Preferred Contact numbers: |  |
| Email: |  |
| \*Parental Responsibility? | [ ]  Yes [ ]  No |
| Relationship to pupil: | [ ]  Mother [ ]  Father [ ]  Foster Carer [ ]  Other – please state: |
| **Comments** |
|  |
| **Is the pupil Looked After (LAC)?** If yes, please complete the following: |
| Social Worker’s Name: |  | Local Authority: |  |

\* Please Note: paperwork will only be sent to Parent/Carers with parental responsibility. Parental addresses will be printed on the Education, Health and Care Plan (EHC Plan) unless specified.

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## **Invitation letter to social care professionals**

Best practice is to send 6 weeks before meeting date

Date

Dear Colleague

CYP Name DOB

You are invited to the Annual Review of CYP’s EHC plan on: DATE at TIME

This is a chance for everyone to look at progress towards the agreed outcomes in the EHC plan over the last year. Together, we can recommend any changes to the EHC plan.

We would really appreciate it if you could send your latest report to reach us three weeks before the meeting date so that reports can be circulated two weeks prior.

Please return the slip below.

Yours sincerely

Headteacher

Name of School

Annual Review for : CYP name

I will / will not be attending the Annual Review

I enclose my latest report/letter dated ……………………………………………………

Signed…………………………………………... Date…………………………………….

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## **Social Care template**

|  |  |
| --- | --- |
| Child’s Name |  |
| Date of Birth |  |
| Who has parental responsibility? |  |

|  |
| --- |
| **Is this child or young person known to statutory Social Care or Early Help?** |
| Early Help |  | Children’s Social Care |  | Adults Social Care |  |
| Contact details for lead professional or social worker: |

|  |
| --- |
| **Has there been an assessment of the child and family?** |
| Early Help |  | Child and family (SW assessment) |  | Care Act |  |
| Other, please specify: |

|  |
| --- |
| **Does the child or young person have a current plan?** |
| Early Help |  | CIN |  | CP |  | LAC (s17, s20 or 31) |  | Short Breaks plan |  | Care and Support plan |  |
| Other, please specify: |

**Social care Information and Advice**

|  |
| --- |
| **Section D: Social care needs:** Including social care needs which relate to their SEND as well as social care needs that may be relevant. Please specify which needs were identified following an assessment. |
|  |
| **Section E: Outcomes sought for the child or young person** Outcomes should be SMART, linked to the child’s aspirations, joined up across health, education and social care. |
|  |
| **Section H1:** **Please provide detail of provision under the CSDPA s2 related to outcomes as defined above** | **Section H2:** **Please provide detail of other social care provision related to outcomes as defined above** | **By whom by when?****Please specify who is responsible for arranging the provision, how often it takes place, where it takes place, how long for?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Is the child or young person receiving a personal budget? |  |
| Authorisation of the provision by: |  |
| Date: |  |

\*This report has been explained to the family and they have consented to the sharing of this information.

Name of person who provided consent:

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## **Invitation letter to health professionals**

Best practice is to send 6 weeks before meeting date

Date

Dear Colleague

CYP Name DOB

You are invited to the Annual Review of CYP’s EHC plan on: DATE at TIME

This is a chance for everyone to look at progress towards the agreed outcomes in the EHC plan over the last year. Together, we can recommend any changes to the EHC plan.

We would really appreciate it if you could send your latest report to reach us three weeks before the meeting date so that reports can be circulated two weeks prior.

Please return the slip below.

Yours sincerely

Headteacher

Name of School

Annual Review for: CYP name

I will / will not be attending the Annual Review

I enclose my latest report/letter dated ………………………………………………

Signed……………………………………………….. Date…………………………………….

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## **Request for GP advice to support the development of an Education, Health Care Plan for a young person (16-25 years)**

**CONTEXT**

This information is sought in accordance with the Children and Families Act 2014. The Local Authority is seeking advice as part of an Annual Review of an EHC plan.

Please ensure this information is submitted as soon as practicable and at least 3 weeks prior to the meeting, so that it can be circulated 2 weeks prior to the meeting date.

**Young Persons Details**

|  |  |
| --- | --- |
| Young Person’s Full Name:  |  |
| Date of Birth: |  |
| Young Person’s Address: |  |
| Phone number: | Email address: |
|  |  |

|  |  |
| --- | --- |
| **NHS Number:**  |  |

|  |
| --- |
| **Please provide details of any health condition that may impact on the young person’s education:**(e.g. due to limited mobility, pain, attention and concentration, sleep, mental health, communication difficulties)This needs to be brief and in plain English. Explain medical terms if you need to use them. Only disclose medical conditions that affect the Young Person’s learning. Please do not simply list the diagnosis, state the impact it has on the young person and their learning.  |
| **Current medication and important side effects:**Please indicate if the young person will require support to administer medication in an educational setting. Only mention medication that is likely to have an impact on learning (not a full medications list).  |
| **Allergies*** No known allergies
* Known allergies: (specify)
 |
| **Summary of involvement****This advice relates to the following “ preparing for adulthood” theme*** employment
* independent living
* community inclusion
* health

**What is the long-term outcome agreed from your involvement with the young person? (over the next 2 years)****What is the short-term outcome agreed from your involvement with the young person? (1 year)****What support is needed? Who will do it and when?**(to include any current investigations, referrals made and involvement of other healthcare services) |

**GP Details:**

|  |  |
| --- | --- |
| **Name:** | **GP Practice:** |

Signed:

Date:

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